

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 7:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # F24302**  
1. Corporation Name

**ATOS INC.**

Principal Place of Business Mailing Address  
**2033 S.W. 31 AVE SAME  
HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **3-27-1981** 3a. Date of Last Report **4-13-1994**

4. FEI Number **59 2076628** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SARA ZACHARIN  
2055 N.E. 198 TERR.  
NORTH MIAMI BEACH, FL 33179**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT**  
NAME **AVIGDOR TAMIR**  
STREET ADDRESS **1001 N.W. 105 WAY**  
CITY- ST- ZIP **PLANTATION, FL 33322**

1 1 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE **VP**  
NAME **GABRIELLA TAMIR**  
STREET ADDRESS **1001 N.W. 105 WAY**  
CITY- ST- ZIP **PLANTATION, FL 33322**

21 TITLE  Change  Addition  
22 NAME **5000014883070**  
23 STREET ADDRESS **05/17/95 -01015 -020**  
24 CITY- ST- ZIP **\*\*\*\*200.00 \*\*\*\*200.00**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: A. Tamir AVIGDOR TAMIR 5-9-95 305/983-4443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone