FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F92000000404 (5)

1. Corporation Name

THE ATRIUM - U.S. HIGHWAY ONE, INC. AKA
U.S. Technology Trading Ltd

Principal Place of Business	Mailing Address
631 US HIGHWAY 1 NORTH PALM BEACH FL 33408 US	1120 LASKIN RD VA BEACH VA 23451 US

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 02/16/1995
4. FEI Number: 54-1618478 — Applied For / Not Applicable
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SMITH, LAWRENCE W
701 US HWY ONE
SUITE 402
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: Alfred J. Malefatto
82 Street Address (P.O. Box Number is Not Acceptable): 777 South Flagler Drive, Suite 310 East
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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 Alfred J. Malefatto [signature] 4/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	GARCIA, SANDRA H	
STREET ADDRESS	401 ATLANTIC AVE. #1201	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	
TITLE	D	☐ DELETE
NAME	GARCIA, EDWARD S	
STREET ADDRESS	401 ATLANTIC AVE. #1201	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	
TITLE	ST	☐ DELETE
NAME	KILMER, ANDREA M	
STREET ADDRESS	801 COSTA GRANDE DR.	
CITY-ST-ZIP	VIRGINIA BEACH VA 23456	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	800001769088	☐ Change ☐ Addition
6.2 NAME	-04/04/96--01030--015	
6.3 STREET ADDRESS	***200.00	
6.4 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)(k), 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 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: [signature] Treas 2/14/96 804 422 3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)