FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:15

DOCUMENT # **L25836** **(2)**

1. Corporation Name
ATISONIC INC.

Principal Place of Business	Mailing Address
14 NE 1ST AVE #1014 MIAMI FL 33132	14 NE 1ST AVE #1014 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1989	3a. Date of Last Report: 05/26/1994
4. FEI Number: 65-0151844	☐ 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	2a. Mailing Address
21 25 S.E 2ND AVENUE	26 25 S.E 2ND AVENUE
Suite, Apt. #, etc. 22 SUITE 220	Suite, Apt. #, etc. 27 SUITE 220
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33131 Country 25	Zip 29 33131 Country 30

9. Name and Address of Current Registered Agent

ATTIAS, JOSEPH
25 S.E. 2ND AVENUE
SUITE 220
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	ATTIAS, JOSEPH	12 NAME	
STREET ADDRESS	60 SHORE DR W	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	~~DS~~	21 TITLE	D/S ☑ Change ☐ Addition
NAME	~~ATTIAS, DIANA~~ (RESIGNED)	22 NAME	ATTIAS, JOSEPH
STREET ADDRESS	~~1511 ALGARDI AVE.~~	23 STREET ADDRESS	60 SHORE DRIVE WEST
CITY ST ZIP	~~CORAL GABELS FL~~	24 CITY ST ZIP	MIAMI FLORIDA
TITLE	~~S~~	31 TITLE	☑ Change ☐ Addition
NAME	~~ATTIAS, CATHERINE~~ (RESIGNED)	32 NAME	RESIGNED
STREET ADDRESS	~~60 SHORE DRIVE WEST~~	33 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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: Joseph Attias JOSEPH ATTIAS, PRESIDENT JUNE 13, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305-374-2001

0133200 CP