CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M24913 (9)

1. Corporation Name

ATRIUM HOMES AT THE HAMMOCKS, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT, INC.	C/O MIAMI MANAGEMENT, INC.
~~14500 SW 119 AVE~~	~~14500 SW 119 AVE~~
~~MIAMI FL 33186~~	~~MIAMI FL 33186~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/20/1985
3a. Date of Last Report	04/18/1994
4. FEI Number	59-2683226 ☐ 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 C/O Miami Management	26 C/O Miami Management
Suite, Apt. #, etc. 22 14275 SW 119 Ave.	Suite, Apt. #, etc. 27 14275 SW 119 Ave.
City & State 23 Miami Florida	City & State 28 Miami Florida
Zip 24 33186 Country 25 DADE	Zip 29 33186 Country 30 DADE

9. Name and Address of Current Registered Agent

TRIAY, CARLOS A., ESQ.
999 PONCE DE LEON BLVD
STE 1110
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	LIPSCOMB, MARK	1.2 NAME	
STREET ADDRESS	15562 SW 111 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CABRERA, GILDINA D	2.2 NAME	
STREET ADDRESS	11080 SW 155 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	~~KINGORA-JOSEPH, PEGGY~~	3.2 NAME	
STREET ADDRESS	~~15500 SW 111 TERR.~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	STD ☑ Change ☐ Addition
NAME	MCPHERSON, JOHN R.	4.2 NAME	
STREET ADDRESS	10951 SW 155 PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 the 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 address.

SIGNATURE: John R. McPherson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95 Date

378-0130 Daytime Phone #

0202933 CP