

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000035194**

1. Corporation Name

ATLAS EQUITY GROUP, INC.

Principal Place of Business

**701 BRICKELL AVENUE, SUITE 3120
MIAMI FL 33133**

Mailing Address

**701 BRICKELL AVENUE, SUITE 3120
MIAMI FL 33133**

Amended

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 701 BRICKELL AVENUE		2a. Mailing Address 26 701 BRICKELL AVENUE		3. Date Incorporated or Qualified 5/13/1993	
Suite, Apt. #, etc. 22 SUITE 3120		Suite, Apt. #, etc. 27 SUITE 3120		4. FEI Number 65-0414277	
City & State 23 MIAMI FL		City & State 28 MIAMI FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33131		Country 25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 33131		Country 30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FARKAS, MICHAEL D

1521 ALTON ROAD

SUITE 73

MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

CORPORATE CREATIONS ENTERPRISES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

4521 PGA BLVD.

83

SUITE 211

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33418

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

Michael D. Farkas
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARKAS, MICHAEL D	1.2 NAME	FARKAS, MICHAEL D
STREET ADDRESS	1521 ALTON ROAD	1.3 STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3120
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	TRITT, IRA
STREET ADDRESS		2.3 STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3120
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	900002607075
STREET ADDRESS		5.3 STREET ADDRESS	-08/04/98--01065--031
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***70.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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

Michael D. Farkas
Signature, typed or printed name of registered agent and title if applicable

President

7-20-98

305-539-0900

CR2E034 (10/97)