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 # **V22035** **(2)**

1. Corporation Name

ATLANTIC MUA CENTER, INC.

Principal Place of Business	Mailing Address
150 SW 12TH AVE ~~SUITE 450~~ POMPANO BEACH FL 33069	150 SW 12TH AVE ~~SUITE 450~~ POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: **03/16/1992**
3a. Date of Last Report: **01/27/1995**

4. FEI Number: **65-0326711** [ ] 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 [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 Suite 340
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 Suite 340
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KAPLAN, MITCHELL L.
150 SW 12TH AVE
SUITE 450
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
Richard M. Spector, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive,
83
Suite 1600
84 City
Miami
FL
85 Zip Code
33133

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: Richard M. Spector, Esq. 3/26/96
Richard M. Spector, Esq. (Type or Print Name) (NOTE: Registered Agent's signature is required by Florida Law.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	KAPLAN, MITCHELL	
STREET ADDRESS	1313 HAMPTON BLVD	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	[X] VP-Marketing	[X] DELETE
NAME	PARADELA, RUBEN JR.	
STREET ADDRESS	10625 NW 30TH PLACE, #4	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	D/P/CEO	[ ] Change	[X] Addition
12 NAME	Bernstein, Robert		
13 STREET ADDRESS	150 S.W. 12th Avenue		
14 CITY-ST-ZIP	Suite 340 Pompano Beach, Florida 33069		
21 TITLE	D/VP/COO/S/T	[ ] Change	[X] Addition
22 NAME	Beebe, John W.		
23 STREET ADDRESS	150 S.W. 12th Avenue, Suite 340		
24 CITY-ST-ZIP	Pompano Beach, Florida 33069		
31 TITLE		[ ] Change	[ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)