FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38711 (0)

1. Corporate Name
ATLANTIC GROUP, INC.

Principal Place of Business
1111 LINCOLN RD
STE 500
MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN RD
STE 500
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 05/20/1992
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business
21
2a. Mailing Address
26
Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27
City & State
23
City & State
28
24 25 29 30

4. FEI Number: 65-0353299 — 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. The corporation is liable to engage in business under F.S. 100.022 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DANIELS, NICHOLAS M.
1111 LINCOLN RD
STE 500
MIAMI BEACH FL 33139

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
(Typed or printed name of registered agent and title if agent is an officer or partner of a corporate agent) (Registered Agent, if an individual, sign above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DUNAEVSKY, DOV	12 NAME	
STREET ADDRESS	4299 COLLINS AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NEISS, BENCION	22 NAME	
STREET ADDRESS	1837 FLATBUSH AVE	23 STREET ADDRESS	
CITY ST ZIP	BROOKLYN NY	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GLASER, YIZHAR	32 NAME	
STREET ADDRESS	484 SUNRISE HWY	33 STREET ADDRESS	
CITY ST ZIP	ROCKVILLE CENTER NY	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 hereby certify that the information supplied with this report 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 the annual report or supplemental annual report is true and accurate and that this 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report and is typed or printed within or adjacent to my signature.

SIGNATURE: _____ 4/27/95 (305) 538-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
DOV DUNAEVSKY

0147213 CP