SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V38711 (0)

1. Corporation Name
ATLANTIC GROUP, INC.

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

2. Principal Place of Business
21 4409 ALTON RD.
Suite, Apt #, etc
22
City & State
23 MIAMI BEACH FL.
Zip 24 33140 Country 25 USA

2a. Mailing Address
26 4409 ALTON RD
Suite Apt #, etc.
27
City & State
28 MIAMI BEACH FL.
Zip 29 33140 Country 30 USA

3. Date Incorporated or Qualified: 05/20/1992
3a. Date of Last Report: 05/01/1995
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. This corporation has liability for intangible tax under s. 199.032, 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 DOV DUNAEVSKY
82 Street Address (P.O. Box Number is Not Acceptable) 4409 ALTON RD.
83
84 City MIAMI BEACH FL 85 Zip Code 33140

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 X [signature] 8/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DUNAEVSKY, DOV	
STREET ADDRESS	4299 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	NEISS, BENCION	
STREET ADDRESS	1837 FLATBUSH AVE	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	☐ DELETE
NAME	GLASER, YIZHAR	
STREET ADDRESS	484 SUNRISE HWY	
CITY-ST-ZIP	ROCKVILLE CENTER NY	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	900001931309	☐ Change ☐ Addition
6.2 NAME	-08/23/96--01094--030	
6.3 STREET ADDRESS	***375.00	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: X [signature] 8/20/96 538-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #