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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 17 PM 3:24

DOCUMENT # V66318 (9)

1. Corporation Name
ATRIUM (PHASE I), INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 630817~~ ~~MIAMI FL 33324~~	~~P.O. BOX 630817~~ ~~MIAMI FL 33324~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1992	3a. Date of Last Report: 02/25/1994
4. FEI Number: 65-0361698	☐ 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 3079 NE 163 STREET	26 P O BOX 630817
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NO. MIAMI BEACH, FL	28 City & State: MIAMI, FL
24 Zip: 33160 25 Country: USA	29 Zip: 33163 30 Country: USA

9. Name and Address of Current Registered Agent

~~PREMIER ASSET MANAGEMENT~~
~~3049 NE 163 ST~~
~~N MIAMI BCH FL 33160~~

10. Name and Address of New Registered Agent

81 Name: PREMIER ASSET MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 3115 NE 163 STREET
83
84 City: NO. MIAMI BEACH FL 85 Zip Code: 33160

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: JACK AZOUT, PRES. 2/10/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~S~~	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	~~AZOUT, GILDA~~	1.2 NAME	GILINSKI, SAUL
STREET ADDRESS	~~3802 NE 207 ST. #1502~~	1.3 STREET ADDRESS	3000 ISLAND BLVD. #1805
CITY-ST-ZIP	~~NO. MIAMI BCH. FL 33180~~	1.4 CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	~~P~~	2.1 TITLE	S/D ☒ Change ☐ Addition
NAME	~~GILINSKI, SAUL~~	2.2 NAME	GILINSKI, FLORETTE
STREET ADDRESS	~~3000 ISLAND BLVD. #1805~~	2.3 STREET ADDRESS	3000 ISLAND BLVD. #1805
CITY-ST-ZIP	~~WILLIAMS ISLAND FL 33160~~	2.4 CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: SAUL GILINSKI, PRES. 2/10/95 (305) 935-5175
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0206001 CP