

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **331343 (4)**

1. Corporation Name
CLARIDGE HOUSE, INC.



Principal Place of Business: **C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US**
Mailing Address: **C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US**

3. Date Incorporated or Qualified: **06/17/1968**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **13-2617356**
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. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent: **MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA 25 S.E. SECOND AVENUE, SUITE #900 MIAMI FL 33131**

11. Pursuant to the provisions of Sections 607.0302 and 607.1505, 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 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHULTHEIS, THEODORE	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	ISAIAS, ESTEFANO	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-STATE-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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***200.00

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(a), 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 attached form with an address.

SIGNATURE: **THEODORE SCHULTHEIS** *Theodore Schultheis* 2/21/96 305-859-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)