

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 21 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 342368 (8)**

1. Corporation Name  
**351 MINORCA CORP.**

Principal Place of Business  
**10071 PINES BLVD.  
STE #B  
PEMBROKE PINES FL 33024  
US**

Mailing Address  
**10071 PINES BLVD.  
STE #B  
PEMBROKE PINES FL 33024  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/03/1969** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business  
**21 161 NW 131 AVE**  
Suits, Apt. #, etc.  
**22**  
City & State  
**23 PLANTATION, FL**  
Zip Country  
**24 33325 25 BR**

2a. Mailing Address  
**26 161 NW 131 AVE**  
Suits, Apt. #, etc.  
**27 % BREITBART, HILDE**  
City & State  
**28 PLANTATION, FL**  
Zip Country  
**29 33325 30 BR**

4. FEI Number **59-1232580** 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  
**BREITBART, STEVEN  
10071 PINES BLVD.  
STE #B  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**161 NW 131 AVE**  
**83 PLANTATION**  
**84 City** **FL** **85 Zip Code** **33325**

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 \_\_\_\_\_ (Signature) \_\_\_\_\_ (Typed or Printed Name of Registered Agent and Title if applicable) \_\_\_\_\_ (NOTE: Registered Agent signature required when vacating) \_\_\_\_\_ (DATE)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>BREITBART, STEVEN</b>
STREET ADDRESS	<b>10071 PINES BLVD. #B</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33024</b>
TITLE	<b>DY</b>
NAME	<b>BREITBART, HILDE</b>
STREET ADDRESS	<b>10071 PINES BLVD. #B</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33024</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>161 NW 131 AVE</b>
14 CITY - ST - ZIP	<b>PLANTATION, FL 33325</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>161 NW 131 AVE</b>
24 CITY - ST - ZIP	<b>PLANTATION, FL 33325</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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:** **HILDE BREITBART** *Hilde Breitbart* **4-13-95** **305-472-0978**  
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Telephone Number)