

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 589946 (3)

1. Corporation Name
HERITAGE SQUARE, INC.

Principal Place of Business

825 S BAYSHORE DRIVE
MIAMI FL 33131

Mailing Address

825 S BAYSHORE DRIVE
MIAMI FL 33131-2836



3. Date Incorporated or Qualified
10/26/1978

3a. Date of Last Report
10/14/1996

2. Principal Place of Business

21 825 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

22 TOWER III SUITE 1643

City & State

23 MIAMI, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 825 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

27 TOWER III SUITE 1643

City & State

28 MIAMI, FL

Zip

29 33131

Country

30 USA

4. FEI Number

59-1858428

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

MEDELSON, LAURANS A
825 S BAYSHORE DR 1643
MIAMI, FLA
MIAMI, FL 33131

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

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 S ☐ DELETE

NAME MENDELSON, LAURENS, A
STREET ADDRESS 825 S BAYSHORE DR 1643
CITY - ST - ZIP MIAMI, FL 00000

TITLE S ☐ DELETE

NAME MENDELSON, ARLENE
STREET ADDRESS 825 S BAYSHORE DR 1643
CITY - ST - ZIP MIAMI, FL 00000

TITLE V ☒ DELETE

NAME PAUL, JOSEPH A.
STREET ADDRESS 825 S BAYSHORE DR
CITY - ST - ZIP MIAMI FL

TITLE AS ☐ DELETE

NAME VETTER, JUDITH
STREET ADDRESS 825 S BAYSHORE DR
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

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

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURANS A. MENDELSON 4/11/97 (305) 374-1744

Date

Daytime Phone #

0171328

CR2E034 (9/96)