

CORPORATION
 ANNUAL REPORT
 1995

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

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 683802 (3)
1. Corporation Name
RICHELIEU TOWERS (ADAMS), INC.

Principal Place of Business	Mailing Address
X035C900C-ORX 15600 SW 7TH AVE, ORX NORTH MIAMI, FL 33161	X035C900C-ORX 15600 SW 7TH AVE, ORX NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1980	3a. Date of Last Report 03/14/1994
--	--

4. FEI Number	Applied For
59-2041438	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Electronic Check Payment Financing **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business		2a. Mailing Address	
21	R. Abe Blankenstein Suite, Apt. #, etc.	26	c/o Sanford N. Reinhard Suite, Apt. #, etc.
22	1183 A. Finch Ave, W	27	2875 NE 191st Str, #404
City & State		City & State	
23	Downsview, Ontario	28	N. Miami Beach, Florida
Zip		Zip	
24	M3J 2G2	29	33180
Country		Country	
25	Canada	30	Florida

9. Name and Address of Current Registered Agent

MILICH, LEE
11900 BISCAYNE BLVD, #809
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

ford N. Reinhard, P.A.
(P.O. Box Number is Not Acceptable)
5 N.E. 191st Street
Apt 404
Miami Beach, FL 33180

11. Pursuant to the provisions of Sections 607, 6502, and 607.1903, 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 607.1903, Florida Statutes.

SIGNATURE *[Signature]* *S. ANDERSON* *7/4/98*

12. OFFICERS AND FIELD OFFICERS			13. ADDRESS CHANGES, DECEASED AND DISCONTINUED		
12.1 TITLE	PD		13.1 TITLE	☐ Change ☐ Addition	
12.2 NAME	BLANKENSTEIN, ROMAN A		13.2 NAME		
12.3 STREET ADDRESS	1183-A FINCH AVE. WEST #11		13.3 STREET ADDRESS		
12.4 CITY / ST / ZIP	DOWNSVIEW, ONTARIO		13.4 CITY / ST / ZIP		
12.5 TITLE	D		13.5 TITLE	☐ Change ☐ Addition	
12.6 NAME	FIALKOV, JOSEPH		13.6 NAME		
12.7 STREET ADDRESS	1183-A FINCH AVE. WEST #11		13.7 STREET ADDRESS		
12.8 CITY / ST / ZIP	DOWNSVIEW, ONTARIO		13.8 CITY / ST / ZIP		
12.9 TITLE			13.9 TITLE	☐ Change ☐ Addition	
12.10 NAME			13.10 NAME		
12.11 STREET ADDRESS			13.11 STREET ADDRESS		
12.12 CITY / ST / ZIP			13.12 CITY / ST / ZIP		
12.13 TITLE			13.13 TITLE	☐ Change ☐ Addition	
12.14 NAME			13.14 NAME		
12.15 STREET ADDRESS			13.15 STREET ADDRESS		
12.16 CITY / ST / ZIP			13.16 CITY / ST / ZIP		
12.17 TITLE			13.17 TITLE	☐ Change ☐ Addition	
12.18 NAME			13.18 NAME		
12.19 STREET ADDRESS			13.19 STREET ADDRESS		
12.20 CITY / ST / ZIP			13.20 CITY / ST / ZIP		
12.21 TITLE			13.21 TITLE	☐ Change ☐ Addition	
12.22 NAME			13.22 NAME		
12.23 STREET ADDRESS			13.23 STREET ADDRESS		
12.24 CITY / ST / ZIP			13.24 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 Sections 119(1)(3)(b), Florida Statutes. Further, I certify that the information included 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment to an original.

SIGNATURE:  APR 14 12, 1995 416 665-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date (English Format)
R A BLANKENSTEIN