

FILE NOW: FILING FEE AFTER MAY-1 IS \$155.00

CORPORATION
ANNUAL REPORT
1985



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

APPROVED
AND
FILED

95 MAY -1 PM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707576 (5)

1. Corporation Name

520 - 79TH STREET INC A CONDOMINIUM

Principal Place of Business

520 79TH ST #3
MIAMI BEACH FL 33141

Mailing Address

520 79TH ST #3
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/13/1964

3a. Date of Last Report
04/29/1994

4. FEI Number
NOT APPLICABLE

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WLODARCZYK, NATALIA~~
~~520-79 ST APT 8~~
~~MIAMI BEACH FL 33141~~

ZYLBERBERG, JACK
520-79TH ST APT 4
MIAMI BEACH FL 33141

81 Name

ZYLBERBERG, JACK

82 Street Address (P.O. Box Number is Not Acceptable)

520-79TH ST APT. 4

83

84 City

MIAMI BEACH

FL

85 Zip Code
33141

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]

[Signature]

4/15/1995

Signature, typewriter printed name of registered agent and fee, if applicable.

(NOTE: Registered agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	LAWRUSZONIS, MARIE
STREET ADDRESS	520 79TH ST APT 8
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	PO
NAME	ZYLBERBERG, JACK
STREET ADDRESS	520 79TH ST APT 4
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	PO
NAME	WLODARCZYK, NATALIA
STREET ADDRESS	520-79TH ST APT 8
CITY - ST - ZIP	MIAMI BEACH FL
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

1.1 TITLE	PP	☒ Change ☐ Addition
1.2 NAME	ZYLBERBERG, JACK	
1.3 STREET ADDRESS	520-79TH ST APT 4	
1.4 CITY - ST - ZIP	MIAMI BEACH FL 33141	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	PORTAL, ANA	
2.3 STREET ADDRESS	520-79TH ST APT 2	
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33141	
3.1 TITLE	VTD	☒ Change ☐ Addition
3.2 NAME	BELLO, NELSON	
3.3 STREET ADDRESS	520-79TH ST APT 1	
3.4 CITY - ST - ZIP	MIAMI BEACH FL 33141	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/95

868-9415