## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

742878

(2)

HARBOR 29, INC.

FILED								
May	19	1998	8:00am					
Sec	cret	ary of	State					

Data sin at Dia	and D. wisses	Marking Address				
Principal Place of Business Mailing Address						
		710 NE 29 ST.	APT. 1-A		3. Date Incorporated or Qualified	
APT. 1-A   MIAMI FL 33137		API. 1-A MIAMI FL 33137			05/15/1978	
					4. FEI Number	Applied For
Onto a local D		10-14-15-4-4-4			59-1980917	Not Applicable
	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	# elc	Suite, Apt. #, etc.			6 Florita Orași a Florial	Fee Required
22		27			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	е	City & State		·	7. Is this nonprofit corporation a homeowner	
23		28			<b>⊠</b> Yes	
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the or	urrent year Intangible
24	25	29	30			Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent
			8	Name		
	IARINA, GEORGE M., P.A.		8	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	W. 8TH STREET		8	1		
	CENTER, SUITE 204		"	<b>~</b>		
MIAMI F	L 33144		8	City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida Statu	ites, the abo	/e-named co	progration submits this statement for the nurrouse	of changing its registered
office or r	egistered agent, or both, in the Sta	te of Florida Such change was	authorized l	y the corpor	ation's board of directors. I hereby accept the ap	pointment as registered
	in landial with, and accept the col	galions of Section of riodos, F	ionua Statoti	78.		
SIGNATURE .	Signature, typed or printed name of registered a	igent and title If applicable (NC	TF: Registered A	gent signature req	gulrad when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 TITLE			Change  Addition
NAME	RIVERO, RICHARD L		1.2 NAMI			
STREET ADDRESS	710 NE 29TH ST., 1-A		1	T ADDRESS		į
CITY-ST-ZIP	MIAMI FL	□ prieve	1.4 CITY	ST-ZIP		
TITLE	TD DIGITIES	☐ DELETE	2.1 TITLE			Change Addition
NAME	AIVERO, RICHARD		2.2 NAME	i		l
STREET ADDRESS	710 NE 29 ST 4-A			T ADDRESS		
CITY-ST-ZIP	MJAMI, FL 00000	DELETÉ	2.4 CITY	ST-ZIP		Change Addition
TITLE	SD	☐ Defete	3.1 TITLE	}		Cuarite (Trybollion )
NAME	MIZRAHI, MAX		3.2 NAM8			
STREET ADDRESS	710 NE 29 ST 3-A			T ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. CITY 4.1 TITLE	· SI - ZIP		Change Addition
TITLE		☐ DELETE				El cuande El vocilion
NAME			4. 2 NAM			
STREET ADDRESS				T ADDRESS		Į
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			☐ Change ☐ Addition
1			5.1 IIILE 5.2 NAME			C cusulo C vocation
NAME STORET ADDRESS			1	Y		Į.
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY -	51-ZIP		☐ Change ☐ Addition
NAME			6.2 NAME	}		
STREET ADDRESS				T ADDRESS		
SINCEL MUNICOS			a obainte	I YOULDS		1

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

J.R. RIVERD

3-28-98

(305) 573-2005