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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

F9200000996 (0)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUN 1. Corporation	/ENT#	F920000)00996 (0)						
	ONE, INC.		·	•			 	11 14 44 18 40 1		B 18110 B1A1 1881
Dringing! Dings	of Punisses		Mailing Address							
Principal Place of Business Mailing Address										
777 - 17TH ST. PENTHOUSE SUITE MIAMI BCH. FL 33139			777 - 17TH ST. PENTHOUSE SUITE MIAMI BCH. FL 33139 US				Date Incorporated or Qualified			
US			ŲS				12/16/1992	04	/17/199) 5
2. Principal Pla	ce of Business	2a. Mailing Address	. Mailing Address			4. FEI Number 52-1794271			Applied For	
Suite, Apt. #	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.						Not Applicable Additional	
2	, 0.0.	27				5. Certificate of Status Desired			Required	
City & State		City & State				6. Flection Campaign Financing			0 May Be	
700	Ca	Zip Country				Trust Fund Contribution			d to Fees	
Zip 24	25	untry	2 (p)	30	чигу		8. This corporation has liability for Florida Statutes Yes	ntangibie ta⊁ []No	. under s	199.032,
		ddress of Current Re					10. Name and Address of New F	egistered A	gent	
					81	Name				
KATZMAN, CHAIM					82	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)		
777 - 17TH ST.					83					
PENTHOUSE SUITE MIAMI BCH. FL 33139										
MICAMI D		:	84	City		FL	85 Zip	p Code		
or registere familiar with SIGNATURE	ed agent, or both, in n, and accept the e	the State of Florida. 6 bligatione of, Sporton 6	och change was authoriz 07.0505, Florida Statutes	ed by the d	corp	oration's board	ation submits this statement for the pu d of directors. I hereby accept the app	pose of char ointrnent as o 4/19/9	iging its re registered	egistered office agent. I am
12,	Signature, typed or printer	Tarrie of registered agent and to OFFICERS AND DI		TE: Registered	Agen	t signature requi ed	when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIBECTO	BS IN 12
TITLE	PTD	OFFICERS AND DE	DELETE	111	ITLE		ADDITIONAL OF A PROPERTY OF A) Change	Addition
NAME	KATZMAN, CH	łaim –		1.2 N	AME					
STREET ADDRESS		t., Penthouse Si	JITE	1.3 \$	REET	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH	I FL				T-ZIP				
TITLE	D KATTAAN CI	U N AAAIT	DEFELE	2 1 7				L] Change	☐ Addition
NAME	KATZMAN, SH	iulamii Reet, penthouse		2.2 N		ADDRECC				
STREET ADDRESS C-TY-ST-Z-P	MIAMI BEACH					ADDRESS T-ZIP				
TITLE	VPD		DELETE	3 1 7		11-217			Change	Addition
NAM5	VALERO, DOF	RON		3 2 N	AME					
STREET ADDRESS		T., PENTHOUSE SI	JITE	3 3 S	TREET	T ADDRESS				
CITY-ST-7iP	MIAMI BCH. F	<u>l</u>		3.4 C		T-ZIP				
TITLE			☐ DELETE	4.11] Change	Addition
NAME.				4.2 N		*DDDCCC				
STREET ADDRESS CITY-ST-ZIP				1		ADDRESS IT - ZIP				
THILF			DELETE	5.17] Change	Addition
NAME			-	5.2 N						
STREET ADDRESS				5.3 \$	TREET	ADDRESS				
CITY - ST - ZIP				5.4 C	TY-S	51 - ZIP				
TITLE			☐ DELETE	6.17] Change	Addition
NAME				62 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	v certify that the info	ormation supplied with	this filing is voluntarily furn	ished and	doe	s not qualify fo	or the exemption stated in Section 119	.07(3)(k). Flor	ida Statut	les. I further
certify that oath; that	the information ind am an officer or di	icated on this an qual rector of the corporation	port or supplemental ann on or the receiver or truste	ual report e empowe	is tru red t	ie and accurat to execute this	te and that my signature shall have the report as required by Chapter 607, F	same legal (orida Statute	affect as if is; and tha	made under at my name

4/14/96 Date

Daytime Phone #