

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G39038** (6)

1. Corporation Name  
**1507 TIFFANY CORP.**



Principal Place of Business: % REBECCA COHEN-PARDO, 10175 COLLINS AVE, BAL HARBOUR FL 33154, US  
Mailing Address: % REBECCA COHEN-PARDO, PO BOX 1688, SOLOMONS MD 20688, US

3. Date Incorporated or Qualified: **04/22/1983**  
3a. Date of Last Report: **04/10/1995**  
4. FEI Number: **58-1880897**  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **FELDMAN, DAVID, 407 LINCOLN ROAD, NE PH, MIAMI BEACH FL 33139**  
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) City (84) City (85) Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b> <input type="checkbox"/> DELETE	<b>COHEN, SALVADOR</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>COHEN, SALVADOR</b>	<b>10175 COLLINS AVE #1507</b>	1.2 NAME:	
STREET ADDRESS: <b>BAL HARBOR FL 33154</b>		1.3 STREET ADDRESS:	
CITY - ST - ZIP:		1.4 CITY - ST - ZIP:	
TITLE: <b>S</b> <input type="checkbox"/> DELETE	<b>COHEN, JOSE</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>COHEN, JOSE</b>	<b>10175 COLLINS AVE #1507</b>	2.2 NAME:	
STREET ADDRESS: <b>BAL HARBOR FL 33154</b>		2.3 STREET ADDRESS:	
CITY - ST - ZIP:		2.4 CITY - ST - ZIP:	
TITLE: <b>TR</b> <input type="checkbox"/> DELETE	<b>COHEN-PARDO, REBECCA</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>COHEN-PARDO, REBECCA</b>	<b>PO BOX 1688 N/A</b>	3.2 NAME:	
STREET ADDRESS: <b>SOLOMONS MD</b>		3.3 STREET ADDRESS:	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
TITLE: <b>President</b> <input type="checkbox"/> DELETE	<b>Cohen-Pardo, Rebecca</b>	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>P.O. Box 1688</b>		4.2 NAME:	
STREET ADDRESS: <b>Solomons, Md 20688</b>		4.3 STREET ADDRESS:	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY - ST - ZIP:		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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca Cohen Pardo* Date: **Jan 21/96** Telephone #: **410/326-0566**

CR2E034 (12/95)