

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra S. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L59722** (3)
1. Corporation Name
WATERHOUSE REALTY, INC.



Principal Place of Business: **9711 S. DIXIE HIGHWAY MIAMI FL 33156**
Mailing Address: **9711 S. DIXIE HIGHWAY MIAMI FL 33156**

2. Principal Place of Business
21 **9719 S. Dixie Highway** 22 **#15** 23 **Miami FL** 24 **33156** 25 **USA**
2a. Mailing Address
26 **9719 S. Dixie Hwy** 27 **#15** 28 **Miami FL** 29 **33156** 30 **U.S.A.**

3. Date Incorporated or Qualified: **03/23/1990** 3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0182192**
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

9. Name and Address of Current Registered Agent: **ZOSMAN, ELIZABETH 9711 SO. DIXIE HIGHWAY MIAMI FL 33156**
10. Name and Address of New Registered Agent:
81 Name: **Elizabeth Zosman**
82 Street Address (P.O. Box Number is Not Acceptable): **9719 SO Dixie Hwy #15**
83 City: **Miami** 84 State: **FL** 85 Zip Code: **33156**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation or 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, Sections 607.0505, Florida Statutes.

SIGNATURE: *Elizabeth Zosman* DATE: **3/11/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOSMAN, OFER	12 NAME	Ofer Zosman
STREET ADDRESS	9701 S.W. 69 AVE.	13 STREET ADDRESS	5830 SW 94 ST
CITY-STATE-ZIP	MIAMI FL 33156	14 CITY-STATE-ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> DELETE	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY-STATE-ZIP		18 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-STATE-ZIP		22 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE-ZIP		26 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-STATE-ZIP		30 CITY-STATE-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 an agent, or on an attachment with an address.

SIGNATURE: *Ofer Zosman* DATE: **3/11/96** (305) 662-1933

CR2E034 (12/95)