


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

**APPROVED  
AND  
FILED**

**95 APR 25 AM 10:33**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L61382** (2)

1. Corporation Name  
**CRESCENT HEIGHTS SALES, INC.**

Principal Place of Business Mailing Address

**100 LINCOLN ROAD  
PENTHOUSE 6  
MIAMI BEACH FL 33140**

**100 LINCOLN ROAD  
PENTHOUSE 6  
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/30/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0180033** 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**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 26

22 27

23 28

24 25 29 30

9. Name and Address of Current Registered Agent

**WASSERMAN, MARTIN W.  
999 WASHINGTON AVE  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **Abraham A. Galbut**

82 Street Address (P.O. Box Number if Not Acceptable) **999 Washington Ave**

83

84 City **Miami Beach** FL 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 607.0507 and 607.1500, Florida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change is 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 *Abraham A. Galbut* DATE **4/19/95**

Signature of current registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GALBUT, ABRAHAM</b>
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>STD</b>
NAME	<b>GALBUT, RUSSELL</b>
STREET ADDRESS	<b>999 WASHINGTON AVE</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>PD</b>
NAME	<b>KAHN, SONNY</b>
STREET ADDRESS	<b>999 WASHINGTON AVE</b>
CITY - ST - ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>Director</b>
NAME	<b>SHLOMO DACHOH</b>
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>
CITY - ST - ZIP	<b>MIAMI BEACH, FL 33139</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(b), Florida Statutes. I further certify that the information included 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: *Shlomo Dachoh* DATE: **4-3-95** TELEPHONE: **305-374-5700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR