

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathiam
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P93000050994 (1)

1. Corporation Name
528 HOLDINGS, INC.

Principal Place of Business: 17082 W DIXIE HWY N MIAMI BEACH FL 33160
Mailing Address: 17082 W DIXIE HWY N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created: **07/21/1993** 3a. Date of last report: **05/01/1994**
4. FFI Number: **65-0446253** 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 is registering for information disclosure under Florida Statutes: Yes No

2. Principal Place of Business: 21. State and Zip Code: 22. City & State: 23. City & State: 24. City: 25. State: 26. Mailing Address: 27. State and Zip Code: 28. City & State: 29. City: 30. State:

9. Name and Address of Current Registered Agent
**COHEN, JEFFREY R
17082 W DIXIE HWY
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
B1 Name: B2 Street Address (P.O. Box Number is Not Applicable): B3: B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits the 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: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS
1. TITLE: **D**
2. NAME: **COHEN, JEFFREY R**
3. STREET ADDRESS: **17082 W DIXIE HWY**
4. CITY, STATE, ZIP: **N MIAMI BEACH FL 33160**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
14. TITLE: Change Addition
15. NAME: 16. STREET ADDRESS: 17. CITY, STATE, ZIP: Change Addition
18. TITLE: Change Addition
19. NAME: 20. STREET ADDRESS: 21. CITY, STATE, ZIP: Change Addition
22. TITLE: Change Addition
23. NAME: 24. STREET ADDRESS: 25. CITY, STATE, ZIP: Change Addition
26. TITLE: Change Addition
27. NAME: 28. STREET ADDRESS: 29. CITY, STATE, ZIP: Change Addition
30. TITLE: Change Addition
31. NAME: 32. STREET ADDRESS: 33. CITY, STATE, ZIP: Change Addition

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(2)(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. This filing is in full compliance with the provisions of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on this report in black ink, stamped or on an attachment with an address.

SIGNATURE: **Jeffrey R. Cohen** 4/8/95 940-1905
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR