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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000081486 (1)**

1. Corporation Name
RICHELIEU TOWERS (5), INC.

Principal Place of Business	Mailing Address
8900 COLLINS AVE SURFSIDE FL 33154	8900 COLLINS AVE SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/29/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 R. Abe Blankenstein	26 2875 N. E. 191st Street	APPLIED FOR 65-0482775	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc 22 1183 A. Finch Ave, W	Suite, Apt. #, etc 27 Suite 404	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Downsview, Ontario	City & State 28 N. Miami Beach	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 M3J 2G2 / 25 Canada	Zip / Country 29 33180 / 30 Florida	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REINHARD, SANFORD N 2875 NE 191ST ST SUITE 404 NORTH MIAMI BEACH FL 33180	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	REINHARD, SANFORD N	12 NAME	
STREET ADDRESS	2875 NE 191ST ST, SUITE 404	13 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BEACH FL 33180	14 CITY ST ZIP	
TITLE	President - Director	21 TITLE	☐ Change ☐ Addition
NAME	R. Abe Blankenstein	22 NAME	
STREET ADDRESS	1183 A. Finch Ave, W	23 STREET ADDRESS	
CITY ST ZIP	Downsview, Ontario M3J 2G2	24 CITY ST ZIP	
TITLE	Secretary - Director	31 TITLE	☐ Change ☐ Addition
NAME	Joseph Fialkov	32 NAME	
STREET ADDRESS	1183 A. Finch Ave, W	33 STREET ADDRESS	
CITY ST ZIP	Downsview, Ontario M3J 2G2	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is valuntarily furnished information not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: _____ APRIL 11, 1995 (305) 932-7555
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Abe Blankenstein

0163123 CP