

FILED



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

Apr 22 1997 8:00am  
Secretary of State

1. Corporation Name  
**150 SAN CARLOS BOULEVARD CORP.**



**Mailing Address**  
C/O OMG. JMC  
546 BROADWAY  
NEW YORK NY 10012-3912  
US

**3a. Date of Last Report**  
**05/10/1996**

Applied For
Not Applicable

**\$8.75 Additional  
Fee Required**

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**10. Name and Address of New Registered Agent**

FL	85	Zip Code
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SIGNATURE.

Signature: Typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

## 12. OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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4.1 TITLE	Change	Addition
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5.1 TITLE	Change	Addition
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61 TITLE		Change	Addition
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UNIT-51-ZP	64 UNIT-51-ZP
<p>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</p>	

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-9-

212-945-9513

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

0004882

CFR2E034 (9/96)