

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000082314 (3)**

1. Corporation Name

**CLASSIC 21ST, INC.**



Principal Place of Business

**8012 S.W. 133RD PLACE  
MIAMI FL 33183**

Mailing Address

**8012 S.W. 133RD PLACE  
MIAMI FL 33183**

2. Principal Place of Business

21 **13724 N KENDALL DRIVE**

State, Apt. #, etc.

22 **SUITE 117**

City & State

23 **MIAMI FL**

Zip

24 **33186**

Country

25 **USA**

2a. Mailing Address

26 **13724 N KENDALL DRIVE**

State, Apt. #, etc.

27 **SUITE 117**

City & State

28 **MIAMI FL**

Zip

29 **33186**

Country

30 **USA**

3. Date Incorporated or Qualified

**11/07/1994**

3a. Date of Last Report

**08/24/1995**

4. FET Number

**65-0640282**

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MOTYCZKA, WILLIAM J  
13410 S.W. 128TH STREET  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

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 633.1509, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Date Registered Agent Accepted (Month/Day/Year)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **D MOROT, ALAIN**  
STREET ADDRESS **8012 S.W. 133RD PLACE**  
CITY-STATE-ZIP **MIAMI FL 33183**

TITLE  DELETE  
NAME **D MOROT, JACQUES**  
STREET ADDRESS **8012 S.W. 133RD PLACE**  
CITY-STATE-ZIP **MIAMI FL 33183**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS **13724 N. KENDALL DR SUITE 117**  
4. CITY-STATE-ZIP **MIAMI FL 33186**

5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS **13724 N KENDALL DR SUITE 117**  
8. CITY-STATE-ZIP **MIAMI FL 33186**

9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-STATE-ZIP

13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP

17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

**FEB 8 96**

**3053871471**

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