

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P95000039908 (5)**

1. Corporation Name  
**730 DUVAL STREET INVESTMENTS, INC.**



Principal Place of Business: **1349 WASHINGTON AVE MIAMI BEACH FL 33139**  
Mailing Address: **1349 WASHINGTON AVE MIAMI BEACH FL 33139**

|   |  |                         |  |   |  |                         |  |
|---|--|-------------------------|--|---|--|-------------------------|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report |  |
| 21 <b>730 DUVAL ST.</b>   |  | 26 <b>208 DUVAL ST.</b> |  | <b>05/18/1995</b>   |  | <b>05/18/1995</b>       |  |
| 22 Suite, Apt. #, etc.  |  | 27 Suite, Apt. #, etc.  |  | 4. FEI Number   |  | Applied For             |  |
| 23 <b>KEY WEST, FL</b>  |  | 27 <b>KEY WEST, FL</b>  |  | <b>65-0619018</b>   |  | Not Applicable          |  |
| 24 <b>33040</b>   |  | 25 <b>MONROE</b>        |  | 29 <b>33040</b>   |  | 30 <b>MONROE</b>        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                       |  |                         |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                         |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  |                         |  | 9. Name and Address of Current Registered Agent   |  |                         |  |
| 7. \$8.75 Additional Fee Required   |  |                         |  | 10. Name and Address of New Registered Agent  |  |                         |  |
| 11. \$5.00 May Be Added to Fees   |  |                         |  | 81 Name <b>Joseph Cohen</b>   |  |                         |  |
| 82 Street Address (P.O. Box Number is Not Acceptable) <b>208 Duval St</b>       |  |                         |  | 83  |  |                         |  |
| 84 City <b>Key West</b>   |  |                         |  | 85 Zip Code <b>33040</b>  |  |                         |  |

**PIOTRKOWSKI, JOEL S  
317-71ST STREET  
MIAMI BEACH FL 33141**

SIGNATURE

*[Handwritten Signature]*

**4/22/96**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>YEHEZKEL HAIM</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1349 WASHINGTON AVE</b>               | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33139</b>              | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COHEN, JOSEPH</b>                     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3637 EAGLE AVE</b>                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>KEY WEST FL 33040</b>                 | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96**

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CR2E034 (12/95)