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FILED

May 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000742

1. Corporation Name

CRESCENT HEIGHTS ACQUISITIONS, INC.

Principal Place of Business Mailing Address							- 4 EMMOLMON USON URINDI HAISTI OMESII RODILI MASSA OME	 #0	AIBIG (IBI IBB)
999 WASHINGTON AVE. 999 WASHINGTON AVE.									
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139							20 1171171777777777777777777777777777777		
						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed		
						. <u>.</u>	01/05/1998		
Principal Place of Business Za. Mailing Address							4. FEI Number	<u> </u>	plied For
21							65-0806630		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State	,	City & State					6. Election Campaign Financing	\$5.00	May Be
23	•	28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	intry			8. This corporation owes the current year I		_
24	25 2930						Personal Property Tax.	Yes	No
	9. Name and Address of Currer	nt Registered Agent		Ļ	1		10. Name and Address of New Registere	d Agent	
- 11 41	100 110			81	Name				1
FILINGS, INC. 3732 N.W. 16TH STREET				82	Street	Addre	ess (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33311-4132				83					
	•			_	0			ne Zin	Code
1	,			84	City		F	L 85 Zip	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was	authorized	ı by	the corpo	corpo	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its ointment as re	registered egistered
GIGHATORE	Signature, typed or printed name of registered age			Ager	nt signature r	equired	when reinstating) DATE	ND DIDEOTO	NDO IN 40
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS		
TITLE				1.1 TITLE				☐ Change	☐ Addition
NAME	KAHN, SONNY			1.2 NAME					
STREET ADORESS	999 WASHINGTON AVE. 138			1.3 STREET ADDRESS					1
CITY-ST-ZIP				1.4 CITY-ST-ZIP					
TITLE				2.1 TITLE]		☐ Change	☐ Addition
NAME	GALBUT, RUSSELL 22N			2.2 NAME					
STREET ADDRESS			TREET	TADORESS				}	
CITY-ST-ZIP			TY-S	ST-ZIP	<u></u>				
mre	D.—	DELETE	3,1-TI	TLE -				- Change	Addition
NAME	MENIN, BRUCE		3.2 N	AME					
STREET ADDRESS	999 WASHINGTON AVE.		3.3 S	TREE	TADDRESS)			1
CITY+ST-ZIP	MIAMI BEACH FL 33139		3.4. C	ITY-S	ST-ZIP	<u> </u>			
TITLE	D .	☐ DELETE	4.1 T?	TLE				☐ Change	Addition
NAME	GALBUT, ABRAHAM A		4.2 N	AME)			1
STREET ADDRESS	999 WASHINGTON AVE.		4.3 S	TREE	T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139			TY-S	T-ZIP				
TITLE	DELETE 5.11			TLE	-			Change	Addition
NAME	DACHOH, SCHLOMO		5.2 N	AME					ł
STREET ADDRESS	AND MALE DE CONTROL AND		5.3 S	TREE	TADDRESS	ĺ			Ì

14. I 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 foceiver or trustee exposured 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 ap attachment with an address with all other like empowered. CITY-ST-ZIP

5.4 CMY-ST-ZIP

6.3 STREET ADDRESS

Gutierrez, Higuel

SSS ME IS street, 2 NO FL

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MIAMI BEACH FL 33139

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Addition

Change