

**FILE NOW: FILING FEE AFTER MAY-1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1985**



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

APPROVED  
AND  
FILED

95 MAY -1 PM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 707576 (5)**

1. Corporation Name

**520 - 79TH STREET INC A CONDOMINIUM**

Principal Place of Business

**520 79TH ST #3  
MIAMI BEACH FL 33141**

Mailing Address

**520 79TH ST #3  
MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/13/1964**

3a. Date of Last Report

**04/29/1994**

4. FEI Number

**NOT APPLICABLE**

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**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

**\$68.75 Supplemental  
Fee Not Required**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WLODARCZYK, NATALIA  
520-79 ST APT 8  
MIAMI BEACH FL 33141~~

**ZYLBERBERG, JACK  
520-79TH ST APT 4  
MIAMI BEACH FL 33141**

81 Name

**ZYLBERBERG, JACK**

82 Street Address (P.O. Box Number is Not Acceptable)

**520-79TH ST APT. 4**

83

84 City

**MIAMI BEACH**

**FL**

85 Zip Code  
**33141**

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

*[Signature]*

*[Signature]*

**4/15/1995**

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PO  
LAWRUSZONIS, MARIE  
520 79TH ST APT 8  
MIAMI BEACH FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PO  
ZYLBERBERG, JACK  
520 79TH ST APT 4  
MIAMI BEACH FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PO  
WLODARCZYK, NATALIA  
520-79TH ST APT 8  
MIAMI BEACH FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

~~PP  
ZYLBERBERG, JACK  
520-79TH ST APT 4  
MIAMI BEACH FL 33141~~

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

~~SD  
PORTAL, ANA  
520-79TH ST APT 2  
MIAMI BEACH FL 33141~~

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

~~VTD  
BELLO, NELSON  
520-79TH ST APT 1  
MIAMI BEACH FL 33141~~

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/11/95 868-9415**  
Date Daytime Phone #