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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000038455 (0)

1. Corporation Name
765 LENOX AVENUE, INC.



Principal Place of Business

~~805 12TH STREET
SUITE 10
MIAMI BEACH FL 33139
US~~

Mailing Address

~~503 12TH STREET
SUITE 10
MIAMI BEACH FL 33139-4550
US~~

3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
08/06/1996

4. FEI Number
65-0414083

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

2. Principal Place of Business

21 503 12TH ST.

Suite, Apt. #, etc.

22 SUITE 5

City & State

23 MIAMI BEACH FLA

Zip

24 33139

Country

25

2a. Mailing Address

26 503 12TH ST.

Suite, Apt. #, etc.

27 SUITE 5

City & State

28 MIAMI BEACH FLA

Zip

29 33139

Country

30

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES INC
175 NW FIRST AVE
SUITE 2000
MIAMI FL 33128-9965

10. Name and Address of New Registered Agent

81 Name REGENTS TRAIL PROPERTY, INC
82 Street Address (P.O. Box Number is Not Acceptable)
503 12TH ST.
83 SUITE 5
84 City MIAMI BEACH FL 85 Zip Code 33139

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] PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/3/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BLUM, ALAN
STREET ADDRESS 1680 MERIDIAN AVE STE 204
CITY-ST-ZIP MIAMI BEACH FL

TITLE ST ☐ DELETE
NAME KAUDERER, MALLORY
STREET ADDRESS 1680 MERIDIAN AVE #204
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 503 12TH ST. #5
1.4 CITY-ST-ZIP MIAMI BEACH, FLA. 33139

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 503 12TH ST. #5
2.4 CITY-ST-ZIP MIAMI BEACH, FLA. 33139

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0189726

CR2E034 (9/96)