

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K08901** (6)
1. Corporation Name

RAJMAN BROTHERS CORPORATION

Principal Place of Business

**W-RICHARD WASSERSTEIN
740-71ST STREET
MIAMI BEACH FL 33141**

Mailing Address

**P.O. BOX 414037
740-71ST STREET
MIAMI BEACH FL 33141-3022
-US-**



2. Principal Place of Business

21 1111 KANE CONCOURSE

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 402188

Suite, Apt. #, etc.

City & State

23 BAY HARBOR

Zip

24 33154

Country

25 FL

City & State

28 MIAMI BEACH

Zip

29 33140-0880

Country

FL

3. Date Incorporated or Qualified

12/24/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0027519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**WASSERSTEIN, RICHARD
913 NORMANDY DR. (71ST. ST.)
MIAMI BEACH FL 33141**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **RAJMAN, ISAAC**

STREET ADDRESS **740-71ST ST.**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VST** ☐ DELETE

NAME **RAJMAN, CLARA**

STREET ADDRESS **740-71ST ST.**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **RAJMAN, CLARA**

STREET ADDRESS **740-71ST ST.**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **RAJMAN ISAAC**

1.3 STREET ADDRESS **1111 KANE CONCOURSE SUITE 610**

1.4 CITY-ST-ZIP **BAY HARBOR FL 33154**

2.1 TITLE **VST** ☒ Change ☐ Addition

2.2 NAME **RAJMAN CLARA**

2.3 STREET ADDRESS **1111 KANE CONCOURSE SUITE 610**

2.4 CITY-ST-ZIP **BAY HARBOR FL 33154**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME **RAJMAN CLARA**

3.3 STREET ADDRESS **1111 KANE CONCOURSE SUITE 610**

3.4 CITY-ST-ZIP **BAY HARBOR FL 33154**

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, 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, upon an attachment with an address.

SIGNATURE:

Isaac Rajman

April 23/97 305/888-8785

CR2E034 (9/96)