

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

FILED  
Feb 10, 1999 8:00 am  
Secretary of State

02-10-1999 90014 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 366727

Corporation Name

CLAUD & FREDDY APARTMENTS, INC.

Principal Place of Business

48 EAST FLAGLER STREET, PENTHOUSE 101  
C/O LERMAN AND LERMAN, P.A.  
MIAMI FL 33131

Mailing Address

48 EAST FLAGLER STREET, PENTHOUSE 101  
C/O LERMAN AND LERMAN, P.A.  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1970

4. FEI Number

59-1357662

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

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes ☐ No ☒

Foreign  
Shareholders

9. Name and Address of Current Registered Agent

LERMAN, ISIDORO  
LERMAN AND LERMAN, P.A.  
48 EAST FLAGLER STREET, PENTHOUSE 101  
MIAMI FL 33131

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD  
ZAROR, EMILIO  
STREET ADDRESS  
48 E. FLAGLER ST (101)  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
SD  
LERMAN, ISIDORO  
STREET ADDRESS  
48 E. FLAGLER ST (101)  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
T  
LERMAN, ISIDORO  
STREET ADDRESS  
48 E. FLAGLER ST (101)  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
D  
ANANIAS, JEANETTE  
STREET ADDRESS  
48 E FLAGLER ST, SUITE 101  
CITY-ST-ZIP  
MIAMI FL 33131

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

1/19/99 305 373 6541