**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90137 002 \*\*\*150.00

- Corporation	MENT # 57 In Realty, INC.	72659						!				
Principal Place of Business Mailing Address											i ann bhann bhann an an	ULBIT BIBII TBBI
1023 SEYBOLD BUILDING MIAMI FL 53132			PO BOX 402188 MIAMI BEACH FL 33140-3188						DO NO	T WOITE IN T	UIC COACE	
		US	5				3	Data	ncorporated or Q	T WRITE IN T	1115 SPACE	
							) ]		1/1978	18mca		
2. Principal P	lace of Business	2a	Mailing Address				4	FEI N			Ap	olied For
21		26						<u>59-1</u>	828225		No	: Applicable
Suite, / pt.	#, etc.	27	Suite, Apt. #, etc.				5	. Certifo	ate of Status Des	sired 🗌		Additional e quired
City & 5 tate	ě		City & State				6	. Election	on Campaign Fina	incing	\$5.00	Viay Be
23		28						Trust	Fund Contribution	g		to Fees
Zip	Countr	У	Zip Cou			9. 11.13			proporation owes t	he current yea	r Intangible	_
24	25			30					nal Property Tax.		Yes	□No
	9. Name and Add	ess of Current Regis	stered Agent		81	Name	10	. Name	and Address of	New Registe	rcd Agent	
WASERSTEIN, RICHARD 913 NORMANDY DRIVE MIAMI BEACH FL 33141					82 83	:	Address (	P.O. Bo	Number is Not A	Acceptable)		
					84	City				1	85 Zip	Code
office crn	to the provisions of Sec egistered agent, or both m familiar with, and acc	i, in the State of Flori	da. Such change wa	is authorized	l by 1	the corpo	ccrporation s t	on submooard of	is this statement cirectors. I hereby	for the purpose	e of changing its	registered gistered
SIGNATURE	Signature, typed or printed nam		if annimable (5)	OTI:: Registered	A	Lavandura	on rod when	roinstatura	<del></del>	DATE		
12.		OFFICERS AND DIRE		13.	Agen	t signature it	edr ian wien		CNS/CHANGES			FS IN 12
TITLE	PDS		☐ DELETE	1.1 TI	TLE .		Γ				☐ Change	Addition
NAME	RAIJMAN, ISAAC		12		12 NAME							1
STREET ADDRESS	2 WEST FLAGLER	ST.	1.3 S'			ADDRESS						}
CiTY-ST-ZIP	MIAMI FL 33130			1 4 CF	TY-ST	-ZIP						
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NAME				22 NA	ME	[	[					į
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- TITLE	+		- ☐ DELETE 3.1		TITLE						☐ Change	☐ Addition
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CITY-ST-ZIP					3.4. CITY-ST-ZIP							
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STREET ADDRES 3					4.3 STREET ADDRESS							ļ
CITY-ST-ZIP	<u> </u>		——————————————————————————————————————	4.4 CT		- ZIP	<u> </u>		_ <del></del>			
TITLE			☐ DELETE								Change	Addition
NAME				5.2 NA	ME	1						1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing doce not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental at beat feport is true and accurate and that my signature shall have the same legal effect as it made under oath; that I are an officer or director of the corporation or the receive: of trustee empowered to exacute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME

☐ DELETE

Change

Addition