

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90578 028 ***150.00

DOCUMENT # P96000032885

1. Entity Name
CLASSIC PROPERTIES (U.S.A.), INC.



Principal Place of Business
**%LEONARD BLOOM PA
201 S BISCAYNE BLVD STE-3000
MIAMI, FL 33131 US**

Mailing Address
**LOEB, BLOCK & PARTNERS LLP
505 PARK AVE, 9TH FLOOR
NEW YORK, NY 10022 US**

03041173



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3883736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES, INC
201 S BISCAYNE BLVD
STE-3000
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BERKE, HOWARD
STREET ADDRESS	505 PARK AVE, 9TH FL
CITY-ST-ZIP	NEW YORK, NY 10022

TITLE	DS
NAME	RASCH, M. STEPHEN
STREET ADDRESS	505 PARK AVE, 9TH FL
CITY-ST-ZIP	NEW YORK, NY 10022

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Stephen Rasch, Director

4/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #