

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

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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 170904

1. Corporation Name
EL SERENO APARTMENT CORPORATION

Principal Place of Business 500 HENDRICKS ISLE APT. #3 FORT LAUDERDALE FL 33301	Mailing Address 500 HENDRICKS ISLE APT. #3 FORT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/23/1952	
4. FEI Number 59-6060071		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

PERRICONE, LOUIS
500 HENDRICKS ISLE #3
FT LAUDERDALE FL 33301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T/D
NAME	AHMAD, ZAINODIN	1.2 NAME	Venezia, Ingrid
STREET ADDRESS	56 HOMEWOOD AVENUE	1.3 STREET ADDRESS	375 NW 35 Lane
CITY-ST-ZIP	NORTH HAVEN CT	1.4 CITY-ST-ZIP	Boca, Raton FL 33431
TITLE	VPD	2.1 TITLE	VP/D
NAME	CLARKE, TERRENCE	2.2 NAME	Perricone Louis
STREET ADDRESS	500 HENDERICK ISLE, # 3	2.3 STREET ADDRESS	500 Hendricks Isle 43
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301
TITLE	PD	3.1 TITLE	P/D
NAME	PERRICONE, LOUIS	3.2 NAME	Venezia William
STREET ADDRESS	500 HENDRICKS ISLE #3	3.3 STREET ADDRESS	375 NW 35 Lane
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	S	4.1 TITLE	S/D
NAME	VENEZIA INGRID	4.2 NAME	Buzzard William
STREET ADDRESS	375 NW 35TH LANE	4.3 STREET ADDRESS	56 Homewood Ave
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	N. Haven, CT 06473
TITLE	D	5.1 TITLE	
NAME	WILLIAM VENEZIA	5.2 NAME	
STREET ADDRESS	375 N.W. 35TH LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BUZZARD WILLIAM	6.2 NAME	
STREET ADDRESS	56 HOMEWOOD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. HAVEN CT 06473	6.4 CITY-ST-ZIP	

14. 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

Ingrid Venezia

4/14/99

561-391-3451

Date

Daytime Phone #

CR2E034 (11/98)