

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90178 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1952	
21		26		4. FEI Number 59-6060071	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	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				10. Name and Address of New Registered Agent			
PERRICONE, LOUIS 500 HENDRICKS ISLE #3 FT LAUDERDALE FL 33301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMAD, ZAINODIN	1.2 NAME	T/D 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD CLARKE, TERRENCE	2.2 NAME	Perricone Louis
STREET ADDRESS	500 HENDERICK ISLE, # 3	2.3 STREET ADDRESS	500 Hendricks Isle #3
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S VENEZIA INGRID	4.2 NAME	S/D 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	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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: Ingrid Venezia **REQUIRED** Ingrid Venezia 4/14/99 561-391-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)