## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

544 MICHIGAN AVENUE, INC.



FLORIDA DE PARTMENT OF STATE

Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

237885

(9)

FILED Jan 26, 1996 08:00 AM Secretary of State

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Principal Place	ipal Place of Business Mailing Address			i santia trang ereit inner inner teint Brit mifte Gifte Biffel Affil Biffel Biffel Biffel Biffel		
% FAY LERN 544 MICHIGA MIAMI BEACI	AN AVENUE	% FAY LERNER 544 MICHIGAN AVEN MIAMI BEACH FL 331				
U\$		US		3. Date Incorporated or Qualified		
· 1	ace of Business	2a. Mailing Address			4. FEI Number	, Applied For
21]		26			59-0967448	Not Applicable
Suite, Apt. # 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
2g)	Country	Zip	Country		This corporation has liability for	intangible tax under s 199.032,
24	[25]	29	30			s 🗆 No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	Registered Agent
			81	Name		
LERNER			82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)
	HIGAN AVE				<u>'</u>	
MIAMI B	EACH FL 33139		83			
			84	City		85 Zip Code
11 Diegrapht	a the provinces of Saskers 607.05	00 and 007 4500 51-14 Oct		···		F1
				iamieo corpo oration's boa	ration submits this statement for the puring of directors. I hereby accept the app	Prose of changing its registered office pointment as registered agent. Lean
tamiliar witi	n, and accept the obligations of, Sc	iction 607.0505, Monda Statute	3.			
SIGNATURE	Tay Jerney	SECTARY			<b>_</b>	24. 23.1996
12.	Student type of a protections of registered as	IND DIRECTORS	OTE: Registered Agen	t signature require		DATE:
TILE I	P	DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME.	EVICH, RUSSELL	יים שנוניונ	1. 1 TITLE			☐ Change ☐ Addition
STREAT ADDRESS	944 MICHIGAN AVE.		1.2 NAME			
CHY \$1-7dP	MIAMI BEACH FL		1 3 STREET	1		
11(1	D	[] DELETE	1.4 CITY - S 2 1 TITLE	1-719		
NAVE	FASSI, LILIA					Change Addition
STREET ADORESS	10351 N.W. 127TH ST.		2 2 NAME			
CHY-\$1-7/P	HILEAH FL		2 3 STREET			
TRIL	STD	T DELETE	2 4 CHTY - S 3 1 TITLE	T-ZIP		
NAME	LERNER, FAYE		1			Change Addition
STATE! ACIDRESS	544 MICHIGAN AVE		3.2 NAME	*202250		
LilY+S'+7/2	MIAMI BCH, FL 00000		33 STREET			
THE		☐ DELETE	3.4 CITY - S 4. 1 TITLE	1-ZIP		Change Addition
NAME			4.7 NAME			Change Addition
SUBERT ADDRESS			4.2 NAGWE	ADDRESS		
CHY ST ZiP						
TILLE		☐ DELETE	44 CITY - S 5 1 TITLE	1-711.		Change C Addition
NAME		<u> </u>	5.2 NAME			Change Addition
STREET ADDRESS			53 STREET	ADDRESS		
CITY ST 7P			54 CITY - S			
TITLE		DELETE	6 1 TITLE	- 10		Change Addition
NAMI		1	62 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
C TY-SI-Zir			6.4 City-S	- 1		

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Tay Jerne Decretains
SIGNAJURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jens 22/196 305672-6582

CROF