

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **331343 (4)**
1. Corporation Name
CLARIDGE HOUSE, INC.



Principal Place of Business: **C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US**
Mailing Address: **C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US**

3. Date Incorporated or Qualified: **06/17/1968**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **13-2617356**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 Subc. Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Subc. Apt. #, etc. 27 City & State 28 Zip 29 Country 30
9. Name and Address of Current Registered Agent

**MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA
25 S.E. SECOND AVENUE, SUITE #900
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0802 and 607.1505, 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 607.0805, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP SCHULTHEIS, THEODORE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	422 EAST 58TH STREET	12 NAME	
STREET ADDRESS	NEW YORK NY	13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	
TITLE	VPTD ISAIAS, ESTEFANO	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	422 EAST 58TH STREET	22 NAME	
STREET ADDRESS	NEW YORK NY	23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	
TITLE	PSD ISAIAS, ROBERTO	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	422 EAST 58TH STREET	32 NAME	
STREET ADDRESS	NEW YORK NY	33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	VPD ISAIAS, WILLIAM	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	422 EAST 58TH STREET	42 NAME	
STREET ADDRESS	NEW YORK NY	43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(a), 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 attached form with an address.

SIGNATURE: **THEODORE SCHULTHEIS** *Theodore Schultheis* 2/21/96 305-859-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)