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FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

04/06/1996

4. FEI Number

13-2617356

Applied For

Not Applicable

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. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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 of the person designated as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
VP	SCHULTHEIS, THEODORE	422 EAST 58TH STREET	NEW YORK NY	<input type="checkbox"/>
VPTD	ISAIAS, ESTEFANO	422 EAST 58TH STREET	NEW YORK NY	<input type="checkbox"/>
PSD	ISAIAS, ROBERTO	422 EAST 58TH STREET	NEW YORK NY	<input type="checkbox"/>
VPD	ISAIAS, WILLIAM	422 EAST 58TH STREET	NEW YORK NY	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

14. I do 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 contained 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 and Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy Schulteis* **TIMOTHY SCHULTEIS** 3-11-97 305-859-9811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0519506

CR2E034 (9/96)