

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 7:39

DOCUMENT # 392977 (5)

1. Corporation Name

FLORIDA CHARTER HOUSE INVESTMENTS, INC.

Principal Place of Business

10 N.W. 2ND STREET
MIAMI FL 33128

Mailing Address

10 N.W. 2ND STREET
MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1971

3a. Date of Last Report

04/13/1994

4. FEI Number

59-1382829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORFINKEL, NESTOR B. ESQ.
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128

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 (Type or printed name of registered agent and then sign over)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	GORFINKEL, JULIUS H
STREET ADDRESS	10 NW 2ND ST
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	PD
NAME	SAPOZNIK, JOSE
STREET ADDRESS	10 NW 2ND ST
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	SD
NAME	SAPOZNIK, LAZARO
STREET ADDRESS	10 NW 2ND ST
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	TD
NAME	GORFINKEL, LEON
STREET ADDRESS	10 NW 2ND ST
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	VD
NAME	SAPOZNIK, CLARA
STREET ADDRESS	10 NW 2ND ST
CITY- ST- ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. 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(9)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

LEON GORFINKEL, Director

3/22/95

(305) 371-3309