

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

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95 APR 18 PM 5:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 427381 (9)
 1. Corporation Name
SAN REMO APARTMENTS, INC.

Principal Place of Business 1901 SW. 82ND CT. MIAMI FL 33155	Mailing Address 1901 SW. 82ND CT. MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/05/1973		3a. Date of Last Report 04/25/1994	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
4. FEI Number 59-1486963		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DREVICH, SYLVIA 1901 SW. 82ND CT. MIAMI FL 33155				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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) _____ (Typed Name)
 _____ (Signature) _____ (Typed Name)
 _____ (Signature) _____ (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREVICH, HENRY	1.2 NAME	
STREET ADDRESS	1901 SW 82 COURT	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 00000	1.4 CITY, ST, ZIP	
TITLE	SDP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREVICH, SYLVIA	2.2 NAME	
STREET ADDRESS	1901 S W 82 COURT	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 00000	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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(3)(b), 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: *Sylvia Drevich*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR