

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**



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

**DREVICH, SYLVIA
1901 SW. 82ND CT.
MIAMI FL 33155**

3. Date Incorporated or Qualified: **06/05/1973**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-1486963** 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
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 807.05-09 and 807.1304, 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 807.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | SDP | <input type="checkbox"/> DELETE |
| NAME | DREVICH, HENRY | |
| STREET ADDRESS | 1901 SW 82 COURT | |
| CITY-STATE-ZIP | MIAMI, FL 00000 | |
| TITLE | SDP | <input type="checkbox"/> DELETE |
| NAME | DREVICH, SYLVIA | |
| STREET ADDRESS | 1901 S W 82 COURT | |
| CITY-STATE-ZIP | MIAMI, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 NAME | |
| 22 STREET ADDRESS | |
| 23 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 NAME | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-STATE-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 118.07(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 officer 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 created, and in 12 with an address.

SIGNATURE:

Henry Drevich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)