FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR -2 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **471303** **(8)**

1. Corporation Name
GF APARTMENTS, INC.

Principal Place of Business	Mailing Address
1026 EUCLID AVE MIAMI BEACH FL 33139 US	% LEON MAYA 7300 WAYNE AVE #309 MIAMI BEACH FL 33141 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/05/1975**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1662328** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MAYA, LEON
7300 WAYNE AVENUE, APT. #309
MIAMI BEACH FL 33141

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	O	1.1 TITLE	☐ Change ☐ Addition
NAME	FEIBUSH, IGAL J.	1.2 NAME	
STREET ADDRESS	33 RUSTIC GATE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DIX HILLS, NY.	1.4 CITY-ST-ZIP	
TITLE	O	2.1 TITLE	☐ Change ☐ Addition
NAME	FEIBUSH, MICHAL	2.2 NAME	
STREET ADDRESS	6255 ESCONDIDO	2.3 STREET ADDRESS	
CITY-ST-ZIP	EL PASO TX	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	GURMAN, WILLIAM	3.2 NAME	
STREET ADDRESS	10553 FLATLANDS 5 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN, NY.	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	GURMAN, GABRIEL	4.2 NAME	
STREET ADDRESS	26 IDLE BROOK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ABERDEEN NJ	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, SILVIA	5.2 NAME	
STREET ADDRESS	465 LINKS DR E	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEANSIDE NY	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	GURMAN, THERESE	6.2 NAME	
STREET ADDRESS	535 PLATO STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLYN SQ. NY	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)(i), Florida Statutes. I further certify that the information indicated on the 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: William Gur 2/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180740 CP