

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **565169** (0)

1. Corporation Name  
**33RD AVE. INVESTMENTS, INC.**



Principal Place of Business Mailing Address  
**% ILOVITCH MANELLA & KLAPHOLZ P A**  
**2206 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33020**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **01/10/1978** 3a. Date of Last Report **04/28/1995**  
4. FEI Number **65-0119150** 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

9. Name and Address of Current Registered Agent  
**MANELLA, ROSS ESQ.**  
**2206 HOLLYWOOD BOULEVARD**  
**HOLLYWOOD FL 33020**

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 officer 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's signature required when registering.)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRISSON, JEAN CLAUDE</b>	
STREET ADDRESS	<b>1080 ST MATHIEU, APT 203</b>	
CITY-STATE-ZIP	<b>MONTREAL QU</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>DESCHAMPS, MARCELLE</b>	
STREET ADDRESS	<b>1080 ST MATHIEU, APT 203</b>	
CITY-STATE-ZIP	<b>MONTREAL QU</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRISSON, CATHERINE</b>	
STREET ADDRESS	<b>1080 ST MATHIEU, APT 203</b>	
CITY-STATE-ZIP	<b>MONTREAL QU</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRISSON, GREGOIRE</b>	
STREET ADDRESS	<b>1080 ST MATHIEU, APT 203</b>	
CITY-STATE-ZIP	<b>MONTREAL QU</b>	
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		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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 119.07(3)(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. (On an attachment with an address.)

SIGNATURE: *Jean Claude Brisson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (12/95)