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 # **570839** **(1)**

1. Corporation Name

KALICHMAN PROPERTIES, INC.

Principal Place of Business	Mailing Address
20340 NE 10TH CT RD N MIAMI EBHAC FL 33179 US	20340 NE 10TH CT RD N MIAMI EBAHC FL 33179 US

3. Date Incorporated or Qualified: **04/18/1978**
3a. Date of Last Report: **06/16/1995**

4. FEI Number: **59-1843866** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 19801 E COUNTRY CLUB DR	26 19801 E COUNTRY CLUB DR
Suite, Apt. #, etc. 22 APT 303	Suite, Apt. #, etc. 27 APT 303
City & State 23 AVENTURA FL	City & State 28 AVENTURA FL
Zip 24 33180	Zip 29 33180
Country 25 DADE	Country 30 DADE

9. Name and Address of Current Registered Agent

KALICHMAN, NISEL
20340 NE 10TH CT RD
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: KALICHMAN SHLOMIT
82 Street Address (P.O. Box Number is Not Acceptable): 19801 E COUNTRY CLUB DR
83 APT 303
84 City: AVENTURA FL 33180 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: SHLOMIT KALICHMAN SEC 4 30 96
Signature, typed or printed name of individual with authority to sign on behalf of corporation — Date

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	KALICHMAN, NATHAN	
STREET ADDRESS	20340 NE 10TH CT RD	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DST	☐ DELETE
NAME	KALICHMAN, SHLOMIT	
STREET ADDRESS	20340 NE 10TH CT RD	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	☑ Change ☐ Addition
1.2 NAME	KALICHMAN NATHAN	
1.3 STREET ADDRESS	19801 E COUNTRY CLUB DR APT 303	
1.4 CITY-ST-ZIP	AVENTURA FL 33180	
2.1 TITLE	DST	☑ Change ☐ Addition
2.2 NAME	KALICHMAN SHLOMIT	
2.3 STREET ADDRESS	19801 E COUNTRY CLUB DR APT 303	
2.4 CITY-ST-ZIP	AVENTURA FL 33180	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, 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 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: SHLOMIT KALICHMAN SEC 4 30 96 305 9334502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)