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 APR 26 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **683801** **(5)**

1. Corporation Name
RICHELIEU TOWERS (FORD), INC.

Principal Place of Business	Mailing Address
XXXXXXXXXXXXXX 11900 BISCAYNE BLVD XXXXXX XXXXXXXXXXXXXX	XXXXXXXXXXXXXX 11900 BISCAYNE BLVD, #809 XXXXXXXXXXXXXX

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/25/1980**
3a. Date of Last Report: **03/14/1994**

2. Principal Place of Business	2a. Mailing Address
21 R. Abe Blankenstein	26 c/o Sanford N. Reinhard
Suite, Apt. #, etc. 22 1183 A. Finch Ave, W	Suite, Apt. #, etc. 27 2875 NE 191st Str, #404
City & State 23 Downsview, Ontario	City & State 28 N. Miami Beach
Zip / Country 24 M3J 2G2 / 25 Canada	Zip / Country 29 33180 / 30 Florida

4. FEI Number: **59-2041567** ☐ 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	10. Name and Address of New Registered Agent
MILICH, LEE 11900 BISCAYNE BLVD., #809 NORTH MIAMI FL 33181	81 Name: Sanford N. Reinhard, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 2875 N. E. 191st Street 83 Suite 404 84 City: N. Miami Beach FL 85 Zip Code: 33180

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	BLANKENSTEIN, ROMAN A	12 NAME	
STREET ADDRESS	1183-A FINCH AVE WEST #11	13 STREET ADDRESS	
CITY-ST-ZIP	DOWNSVIEW, ONTARIO	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FILAKOV, JOSEPH	22 NAME	
STREET ADDRESS	1183-A FINCH AVE WEST #11	23 STREET ADDRESS	
CITY-ST-ZIP	DOWNSVIEW, ONTARIO	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: _____ APRIL 12, 1995 416-665-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
R.A. BLANKENSTEIN

01H0083 CP