	<u></u>				
COF	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISS PROFIT RPORATION JAL REPORT	E DISSOLVED ON OR AFTER A COLVED, MINIMUM AMOUNT DUE FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	TO REINSTATE: \$375.) MENT OF STATE Mortham of State		
DOCU 1. Corporatio	MENT # 66311	5 (4)			
,	BUILDERS & DEVELOPERS	` '			
Principal Place of Business Mailing Address				F LOUFILE DIVING BUINDE AUTOR AFRON HUDDA II	III BIOII BIOII OFOII BEOIL DIDEI OFOIL EGOI
999 Washington avenue Miami Beach Fl 33139		999 Washington Avenu Miami Beach FL 33139	IE		
				3. Date Incorporated or Qualified 12/18/1979	3a. Date of Last Report 01/25/1995
	lace of Business	2a. Mailing Address		4. FEI Nuniber	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.		59-2037114 5. Certificate of Status Desired	Not Applicable
22 City & State		City & State		Election Campaign Financing	Fee Required \$5.00 May Be
Zip Country		28	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	25 9. Name and Address of Currer	29	30	Florida Statutes 10. Name and Address of New Reg	Yes 🔀 No
	ALBOT, HYMAN P.		81 Name	ABRAHAM A.	GALBUT
999 WASNINGTON AVENUE MIMMI BEACH FL 33139				199 Box Number is Nov Acceutable	TON Ane
			83	V	
11, Pursuant	to the orthogonal Sections 607 050	2 and 607 1508 Florida Satutos	84 City	omal Beach poration submits this statement for the pu	FL 85 38/39
office or r agent La	egistered agent of both, in the SMD	If Florida Support page with an	horized by the corporat Statutes	ion's board of directors. Thereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Salare type of or profest numero' register by	record lite it applicable (%2) E	Rogotered Agent signature requ	med when reinstarings	(DAI)
12. TITLE	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 (See Addition Change Addition
NAME	GALBUT, RUSSELL W.	L_4	1.2 NAME		4
STREET ADDRESS	999 Washington ave		1 3 STREET ADDRESS		C ne-light season C
CITY-ST-ZIP	MIAMI BEACH FL		1 4 CiTY - ST - ZIP		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
TIFLE		DELETE	21 TITLE		Change Addition O
NAME STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY - ST. ZIP		
TITLE		DELETE	31 TRUE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DETELE	4 1 Tille		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY ST-ZIP 5.1 TITLE		Change Addition
NAME		Land Section	5.2 NAME		C Ansurige Modulities
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITUE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

City-St-ZiP

14. If do hereby certify that the information supplied with this filling 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 arrival report or supplied ental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I arrivan officer or director of the corporatility or the processor of the corporatility and that my name appears in Block 12 or Block 13 inchanged, it on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged. It on a light that my name appears in Block 12 or Block 13 inchanged.

SIGNATURE:

SIGNATURE AND TYPED OR PAIN TO THE GRINNEY DEFICER OR DIRECT

DEMONSION DIRECTOR PRES

6/4/16(30-)672-300