

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 683818 (9)

1. Corporation Name
RICHELIEU TOWERS(VAN BUREN), INC.



Principal Place of Business Mailing Address
% CBA ASSOCIATES. P.A.
1011 IVES DAIRY RD., SUITE 210
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified **09/24/1980** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **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 **c/o CBA Associates, PA** 26 **c/o CBA Associates, PA**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **2650 NE 189 Street** 27 **2650 NE 189 Street**
 City & State City & State
 23 **N Miami Beach** 28 **N Miami Beach**
 Zip Country Zip Country
 24 **33180** 25 **Dade** 29 **33180** 30 **Dade**

9. Name and Address of Current Registered Agent
REINHARD, SANFORD
2875 N.E. 191ST ST., SUITE 404
NORTH MIAMI BEACH FL 33180

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 607.1538, 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 then applicable. (NOTE: Registered Agent signature is not when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSTEIN, ROMAN A.	1.2 NAME
STREET ADDRESS	1183A FINCH AVENUE WEST	1.3 STREET ADDRESS
CITY-ST-ZIP	DOWNSVIEW-ONTARIO-CANADA	1.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILAKOV, JOSEPH	2.2 NAME
STREET ADDRESS	1183A FINCH AVENUE WEST	2.3 STREET ADDRESS
CITY-ST-ZIP	DOWNSVIEW-ONTARIO-CANADA	2.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHSBERG, RICHARD	3.2 NAME
STREET ADDRESS	85 SKYMARK DRIVE, #2006	3.3 STREET ADDRESS
CITY-ST-ZIP	NORTH YORK-ONTARIO-CANADA	3.4 CITY-ST-ZIP
TITLE	WACHSBERG LOUIS <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	85 SKYMARK DR # 2006	4.2 NAME
STREET ADDRESS	NORTH YORK-ONTARIO CANADA	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

\$ 200.00 deposited by Bank

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, or in an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUIS WACHSBERG

Date: **18 APRIL 1996**
 Daytime Phone: _____

CR2E034 (12/95)