

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:15

DOCUMENT # **706865** (3)

1. Corporation Name
TOWER EAST INCORPORATED

Principal Place of Business Mailing Address
1150 EUCLID AVENUE MIAMI BEACH FL 33139-4521

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/20/1964	3a. Date of Last Report 03/16/1994
4. FEI Number 59-1235709	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for interstate tax under s. 190.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent HERNANEZ, JUAN P 1150 EUCLID AVENUE MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81. Name Benito Raul Batista</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable) 1150 Euclid Ave</td> </tr> <tr> <td>83. Apt. # Apt. #210</td> </tr> <tr> <td>84. City Miami Beach</td> </tr> <tr> <td>85. Zip Code FL 33139</td> </tr> </table>	81. Name Benito Raul Batista	82. Street Address (P.O. Box Number is Not Acceptable) 1150 Euclid Ave	83. Apt. # Apt. #210	84. City Miami Beach	85. Zip Code FL 33139
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82. Street Address (P.O. Box Number is Not Acceptable) 1150 Euclid Ave						
83. Apt. # Apt. #210						
84. City Miami Beach						
85. Zip Code FL 33139						

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 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 617.0503 Florida Statutes.

SIGNATURE: *Benito R. Batista* DATE: _____
Signature of Registered Agent required when registering

12. OFFICERS AND DIRECTORS		13. AGENTS IN CHARGE OF RECEIVING AND DELIVERING IN 1995	
TITLE: D	NAME: LEISERSON, CHINKA	1. TITLE: P	NAME: Batista, Benito
STREET ADDRESS: 1150 EUCLID AVE	CITY, ST, ZIP: MIAMI BCH, FL 00000	1. STREET ADDRESS: 1150 Euclid Ave #210	CITY, ST, ZIP: Miami Bch-Fl, 00000
TITLE: P	NAME: BARROS, ANTONIO	2. TITLE: V	NAME: Ortega, Ricardo
STREET ADDRESS: 1150 EUCLID AVE	CITY, ST, ZIP: MIAMI BCH, FL 00000	2. STREET ADDRESS: 1150 Euclid Ave	CITY, ST, ZIP: Miami Bch, Fl. 00000
TITLE: D	NAME: KLEIN, ARRON	3. TITLE: S	NAME: Rogonbaum, Sarah
STREET ADDRESS: 1150 EUCLID AVE	CITY, ST, ZIP: MIAMI BCH, FL 00000	3. STREET ADDRESS: 1150 Euclid Ave.	CITY, ST, ZIP: Miami Bch, Fl. 00000
TITLE: D	NAME: ROTH, HERMAN	4. TITLE: D	NAME: Maria Rosental
STREET ADDRESS: 1150 EUCLID AVE	CITY, ST, ZIP: MIAMI BCH, FL 00000	4. STREET ADDRESS: 1150 Euclid Ave.	CITY, ST, ZIP: Miami Bch, Fl. 00000
TITLE: S	NAME: ORTEGA, RICARDO	5. TITLE: D	NAME: Leiserson, Chinka
STREET ADDRESS: 1150 EUCLID AVE	CITY, ST, ZIP: MIAMI BCH, FL 00000	5. STREET ADDRESS: 1150 Euclid Ave.	CITY, ST, ZIP: Miami Bch, Fl. 00000
TITLE: S	NAME: ROSENBAUM, SARAH	6. TITLE: D	NAME: Klein, Aron
STREET ADDRESS: 1150 EUCLID AVE	CITY, ST, ZIP: MIAMI BCH, FL 00000	6. STREET ADDRESS: 1150 Euclid Ave.	CITY, ST, ZIP: Miami Bch, Fl. 00000

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statute. I further certify that the information reported 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged or on an attachment with an address.

SIGNATURE: *Benito R. Batista*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)