

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 706865 (3)**  
1. Corporation Name  
**TOWER EAST INCORPORATED**



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

3. Date Incorporated or Qualified: **02/20/1964**  
3a. Date of Last Report: **06/30/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number <b>59-1235709</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BATISTA, BENITO RAUL**  
1150 EUCLID AVENUE  
APT 210  
MIAMI BEACH FL 33139

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEISERSON, CHINKA	1.2 NAME	COOPERMAN, TILLIE D
STREET ADDRESS	1150 EUCLID AVE	1.3 STREET ADDRESS	1150 EUCLID AVE
CITY-ST-ZIP	MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATISTA, BENITO	2.2 NAME	LOPEZ, RAMON D
STREET ADDRESS	1150 EUCLID AVNEU #210	2.3 STREET ADDRESS	1150 EUCLID AVE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, ARRON	3.2 NAME	ROSENTAL, MARIA T
STREET ADDRESS	1150 EUCLID AVE	3.3 STREET ADDRESS	1154 EUCLID AVE
CITY-ST-ZIP	MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBAUM, SARAH	4.2 NAME	
STREET ADDRESS	1150 EUCLID AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, RICARDO	5.2 NAME	
STREET ADDRESS	1150 EUCLID AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, ARON	6.2 NAME	
STREET ADDRESS	1150 EUCLID AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Benito R Batista* Date: *1/29/96* 531-6832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)