

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

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>1150 EUCLID AVENUE MIAMI BEACH FL 33139-4521</b>	Mailing Address <b>1150 EUCLID AVENUE MIAMI BEACH FL 33139-4521</b>
--	--

3. Date Incorporated or Qualified  
**02/20/1964**

4. FEI Number <b>59-1235709</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPERMAN, TILLIE	
STREET ADDRESS	1150 EUCLID AVE	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BATISTA, BENITO	
STREET ADDRESS	1150 EUCLID AVNEU #210	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, RAMON	
STREET ADDRESS	1150 EUCLID AVE	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBAUM, SARAH	
STREET ADDRESS	1150 EUCLID AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORTEGA, RICARDO	
STREET ADDRESS	1150 EUCLID AVE	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, ARON	
STREET ADDRESS	1150 EUCLID AVE	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROSENAL, MARIA</b>
1.3 STREET ADDRESS	<b>1150 EUCLID AVE</b>
1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LIZACO, CARIDAD</b>
2.3 STREET ADDRESS	<b>1150 EUCLID AVE</b>
2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL. 33139</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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* **1/7-98** **531 6832**

CR2E037 (10/97)