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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 710327

(8)

50-1981661	lied For Applicable Iditional uired May Be Fees
2. Principal Place of Business	lied For Applicable Iditional uired May Be Fees
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-128 1661 Not Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 At Fee Req City & State 5. Country 2p Country 2p Country 4. Trust Fund Contribution Added to Trust Fund Contribution Added to Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 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 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 amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.	lied For Applicable Iditional uired May Be Fees
26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 25 29 30	Applicable Iditional uired May Be Fees
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State Country Zip Country Zip Country Zip Country Sign and Address of Current Registered Agent HERZ, DONALD 2930 POINT EAST DRIVE E114 MIAMI FL 33160 Sign and Address of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	dditional uired fay Be Fees
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Signature 8. This corporation has liability for intangible tax under s. 198 Fiorida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERZ, DONALD 2930 POINT EAST DRIVE E114 MIAMI FL 33160 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 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 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	uired fay Be Fees
28 Trust Fund Contribution Added to Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 198 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent HERZ, DONALD 2930 POINT EAST DRIVE E114 MIAMI FL 33160 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Election Cartingling Privation Added to Added to Added to Added to Trust Fund Contribution B. This corporation has liability for intangible tax under s. 198 Florida Statutes Flori	Fees
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name 13. Name 14. Name 15. Name 16. Name 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name 18. Name 18. Name 18. Street Address (P.O. Box Number is Not Acceptable) 18. Oity 19. PL 10. Name and Address of New Registered Agent 10.	
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	ered office int. I am
Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstalling) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS TITLE PD DELETE 1.1 TITLE CHANGES TO OFFICERS AND DIRECTORS	N 12 Addition
NAME HERZ, DONALD 1.2 NAME	JAddition
STREET ADDRESS 2930 POINT EAST DRIVE E114 13 STREET ADDRESS	
CITY-ST-ZIP	
NAME SZEKELY, EVA 21 TITLE VPD 1 Change 2 NAME SNEIDER, RYNA	Addition
STREET ADDRESS 2999 POINT EAST DRIVE C614 23 STREET ADDRESS 2980 POINT EAST DRIVE D-104	
CITY-ST-ZIP MIAMI FL 2 4 CITY-ST-ZIP N.MIAMI BEACH, FL. 33160	
TITLE SU MODELETE 31TITLE SD	Addition
NAME JORDAN, MARJORIE STREET ADDRESS 2930 POINT EAST DRIVE C201	
STREET ACORESS 2930 POINT EAST DR E301 33 STREET ADDRESS 2999 POINT EAST DRIVE C201 N. MIANII BEACH 33160	
TITLE VTD ■ DELETE 4.1 TITLE T/D Change ■	Addition
NAME KAPLAN, SHIRLEY 4 2 NAME MANDIA, MILLIE	
STREET ADDRESS 2929 POINT EAST DRIVE A309 CITY-ST-ZIP MIAMI FL 43 STREET ADDRESS 2999 POINT EAST DRIVE C-502 MIAMI FL 33160	
N. MIARI BEACH, FD. 33100	Addition
NAME YOUNG, LOU 52 NAME	,
STREET ADDRESS 2999 POINT EAST DRIVE C214 53 STREET ADDRESS	
CITY-ST-ZIF MIAMI FL \$ 4 CITY-ST-ZIF TITLE DELETE 6 1 TITLE Change	
TITLE	3
STHEET ADDRESS 63 STREET ADDRESS	Addition
CITY-ST-ZIP 64 CITY-ST-ZIP	Addition
14. I do hereby certify that the information adopted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I certify that the information indicalged 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 oath, that I am an officer or digetion of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my appears in Block 12 or Block 3 if changed, or on an attachment with an address.	
SIGNATURE: Digital Printed Pane of Signing Officer on Direction Devided Herz CARNELLA Mandia 2/6/96 931-39	f. with our