

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/2/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

FILED

95 JUL 13 AM 8:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 711734 (4)

1. Corporation Name
827 COLLINS BUILDING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
825 COLLINS AVENUE MIAMI BEACH FL

3. Date Incorporated or Qualified **11/01/1966** 3a. Date of Last Report **10/13/1994**
 4. FEI Number **65-0492276** Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SPEAS, CARON ESQ
825 COLLINS AVE #8
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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	
TITLE	PD
NAME	AUBREY, SUZANNE
STREET ADDRESS	825 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	VD
NAME	HERNANDEZ, LUIS, JR.
STREET ADDRESS	530 S W 39TH AVE
CITY - ST - ZIP	MIAMI FL
TITLE	TSD
NAME	MEE, GLENN
STREET ADDRESS	517 S W 1ST AVE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D Aubrey, Suzanne <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	825 Collins Ave.
1.3 STREET ADDRESS	Miami Beach, FL
1.4 CITY - ST - ZIP	
2.1 TITLE	VD Hernandez, Luis <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	530 SW 39 Ave.
2.3 STREET ADDRESS	Miami, FL
2.4 CITY - ST - ZIP	
3.1 TITLE	TSD Sowma, Waddish <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	10240 SW 56 St.
3.3 STREET ADDRESS	Miami, FL
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	100001540091
5.3 STREET ADDRESS	-07/18/95--01077--016
5.4 CITY - ST - ZIP	****155.00 ****155.00
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 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 or liquidator of the corporation and that I am authorized 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: _____ Date: **6-12-95** (Type in Here)

CR2E037 (3/95)