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

FILED
Feb 07, 1996 08:00 AM
Secretary of State

DOCUMENT # 713304 (4)

1. Corporation Name

FOURTH HORIZONS CONDOMINIUM INC.

Principal Place of Business	Mailing Address
1400 NE 191 ST. NORTH MIAMI BEACH FL 33179	1400 NE 191 ST. NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 09/05/1967

3a. Date of Last Report: 01/23/1995

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 59-1226368 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LICHT, WILLIAM
1400 NE 191ST ST., #105
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: Samuel Greif

82 Street Address (P.O. Box Number is Not Acceptable): 1400 N.E. 191st Street

83

84 City: N. Miami Beach FL 85 Zip Code: 33179

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: Samuel Greif — Feb. 1, 1996
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALNER, ETHEL		1.2 NAME		
STREET ADDRESS	1400 N. E. 191ST ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	V.P.D	☒ Change ☐ Addition
NAME	LIBERMAN,		2.2 NAME	Ralph Chifari	
STREET ADDRESS	1400 N.E. 191ST ST		2.3 STREET ADDRESS	1400 N.E. 191st Street	
CITY-ST-ZIP	N MIAMI BCH, FL 00000		2.4 CITY-ST-ZIP	N. Miami Beach Fla	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STARIN, LEO		3.2 NAME		
STREET ADDRESS	1400 N.E. 191ST ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH, FL 00000		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREIF, SAMUEL		4.2 NAME		
STREET ADDRESS	1400 N. E. 191ST ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	Leo Starin	☒ Change ☐ Addition
NAME	LICHT, WILLIAM		5.2 NAME		
STREET ADDRESS	1400 N.E. 191ST ST		5.3 STREET ADDRESS	1400 N.E. 191st St.	
CITY-ST-ZIP	N MIAMI BCH, FL 00000		5.4 CITY-ST-ZIP	N. Miami Beach Fla	
TITLE	S	☐ DELETE	6.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	REISS, LOVIE		6.2 NAME	Bernard Koiner	
STREET ADDRESS	1400 N.E. 191ST ST		6.3 STREET ADDRESS	1400 N.E. 191st St.	
CITY-ST-ZIP	N MIAMI BCH, FL 00000		6.4 CITY-ST-ZIP	N. Miami Beach Fla	

CR2E037 (12/95)

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: Bernard Koiner — 2/1/96 — 940-9457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #