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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718503 (6)

1. Corporation Name

OXFORD TOWERS, INC.



Principal Place of Business

Mailing Address

1501 SOUTH OCEAN DRIVE
HOLLYWOOD FL 330191501 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019-23803. Date Incorporated or Qualified
05/14/19703a. Date of Last Report
03/21/19964. FEI Number
59-1311414Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANDEL, HEIDI
1501 SO OCEAN DR
STE 903
HOLLYWOOD FL 3301981 Name
GERSON BARNETT82 Street Address (P.O. Box Number is Not Acceptable)
1501 S. OCEAN DR. #603

83

84 City
HOLLYWOOD

FL

85 Zip Code
33019

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

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 PD
NAME HANDEL, HEIDI
STREET ADDRESS 1501 SOUTH OCEAN DRIVE #903
CITY-ST-ZIP HOLLYWOOD FL 33019 ☒ DELETE1.1 TITLE PD
1.2 NAME GERSON BARNETT
1.3 STREET ADDRESS 1501 S. OCEAN DR. #603
1.4 CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Change ☐ AdditionTITLE VPD
NAME KLAHR, JOYCE
STREET ADDRESS 1501 SOUTH OCEAN DRIVE #1206
CITY-ST-ZIP HOLLYWOOD FL 33019 ☒ DELETE2.1 TITLE VPD
2.2 NAME LILA BALIN
2.3 STREET ADDRESS 1501 S. OCEAN DR #1203
2.4 CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Change ☐ AdditionTITLE SDT
NAME RUBINI, RODOLFO A
STREET ADDRESS 1501 SOUTH OCEAN DRIVE #1203
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ DELETE3.1 TITLE TD
3.2 NAME RODOLFO A. RUBINI
3.3 STREET ADDRESS 1501 S. OCEAN DR. #1203
3.4 CITY-ST-ZIP HOLLYWOOD FL 33019 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE4.1 TITLE SD
4.2 NAME ALDO CHELI
4.3 STREET ADDRESS 1501 S. OCEAN DR #1503
4.4 CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERSON

BARNETT

1/22/97 (954) 929-9400

CR2E037 (9/96)