

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # 857287 (7)
1. Corporation Name
MIAMI ELEVATOR COMPANY



Principal Place of Business Mailing Address
7481 NW 66TH STREET
PO BOX 520217
MIAMI FL 33152
7481 NW 66TH STREET
PO BOX 520217
MIAMI FL 33152

3. Date Incorporated or Qualified 08/02/1983 3a. Date of Last Report 02/10/1995
4. FEI Number 13-3165693 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

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 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

MATSON, STEVE G.
7481 NW 66TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE ☐ DELETE
1.2 NAME APPLE, JOHN B
1.3 STREET ADDRESS 277 PARK AVE
1.4 CITY-STATE-ZIP NEW YORK NY
2.1 TITLE ☐ DELETE
2.2 NAME BAILEY, STEPHEN M
2.3 STREET ADDRESS 7481 NW 66 ST
2.4 CITY-STATE-ZIP MIAMI FL
3.1 TITLE ☐ DELETE
3.2 NAME BAILEY, GARY S.
3.3 STREET ADDRESS 7481 NW 66TH STREET
3.4 CITY-STATE-ZIP MIAMI FL
4.1 TITLE ☐ DELETE
4.2 NAME SUESSER, ALFRED
4.3 STREET ADDRESS 277 PARK AVE.
4.4 CITY-STATE-ZIP NEW YORK NY
5.1 TITLE ☐ DELETE
5.2 NAME ROGERS, ROBERT
5.3 STREET ADDRESS 7481 NW 66TH STREET
5.4 CITY-STATE-ZIP MIAMI FL
6.1 TITLE ☐ DELETE
6.2 NAME MATSON, STEVEN G.
6.3 STREET ADDRESS 7481 NW 66TH STREET
6.4 CITY-STATE-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME BAILEY, STEPHEN M
2.3 STREET ADDRESS 7481 NW 66th Street
2.4 CITY-STATE-ZIP Miami, FL
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME BAILEY, GARY S.
3.3 STREET ADDRESS 7481 NW 66th Street
3.4 CITY-STATE-ZIP Miami, FL
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME ROGERS, ROBERT
5.3 STREET ADDRESS 7481 NW 66th Street
5.4 CITY-STATE-ZIP Miami, FL
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96
Date

(305) 592-7722
Daytime Phone #

CR2E034 (12/95)