

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # F17120

(9)

95 MAY -1 PM 2:29

FLORIDA CORPORATE SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 800 BRICKELL AVENUE 1100 MIAMI FL 33131 US		2a. Mailing Address 800 BRICKELL AVENUE 1100 MIAMI FL 33131 US		3. Date of Incorporation or Organization 01/12/1981		3a. Date of Last Report 04/27/1994	
2. Principal Office Telephone 21		2a. Mailing Address 26		4. FLE Number 65-0032819		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		29		8. The corporation has liability for intangibles tax under S. 199 (32) Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent RUBINSTEIN, JEFFREY D 800 BRICKELL AVENUE 1100 MIAMI FL 33131				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 607 (03)(c) and 607.1508, Florida Statutes, the above named corporation submits the 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 607.1505, Florida Statutes. SIGNATURE							
12. OFFICERS AND DIRECTORS 12.1 NAME: DP 12.2 STREET ADDRESS: KORNIA, GARY H 12.3 CITY: 800 BRICKELL AVENUE 12.4 STATE: MIAMI, FL 00000 12.5 ZIP: VPD 12.6 NAME: RUBINSTEIN, JEFFREY D 12.7 STREET ADDRESS: 800 BRICKELL AVENUE 12.8 CITY: MIAMI FL 12.9 STATE: MIAMI FL 12.10 NAME: 12.11 STREET ADDRESS: 12.12 CITY: 12.13 STATE: 12.14 ZIP: 12.15 NAME: 12.16 STREET ADDRESS: 12.17 CITY: 12.18 STATE: 12.19 ZIP: 12.20 NAME: 12.21 STREET ADDRESS: 12.22 CITY: 12.23 STATE: 12.24 ZIP: 12.25 NAME: 12.26 STREET ADDRESS: 12.27 CITY: 12.28 STATE: 12.29 ZIP: 12.30 NAME: 12.31 STREET ADDRESS: 12.32 CITY: 12.33 STATE: 12.34 ZIP: 12.35 NAME: 12.36 STREET ADDRESS: 12.37 CITY: 12.38 STATE: 12.39 ZIP: 12.40 NAME: 12.41 STREET ADDRESS: 12.42 CITY: 12.43 STATE: 12.44 ZIP: 12.45 NAME: 12.46 STREET ADDRESS: 12.47 CITY: 12.48 STATE: 12.49 ZIP: 12.50 NAME: 12.51 STREET ADDRESS: 12.52 CITY: 12.53 STATE: 12.54 ZIP: 12.55 NAME: 12.56 STREET ADDRESS: 12.57 CITY: 12.58 STATE: 12.59 ZIP: 12.60 NAME: 12.61 STREET ADDRESS: 12.62 CITY: 12.63 STATE: 12.64 ZIP: 12.65 NAME: 12.66 STREET ADDRESS: 12.67 CITY: 12.68 STATE: 12.69 ZIP: 12.70 NAME: 12.71 STREET ADDRESS: 12.72 CITY: 12.73 STATE: 12.74 ZIP: 12.75 NAME: 12.76 STREET ADDRESS: 12.77 CITY: 12.78 STATE: 12.79 ZIP: 12.80 NAME: 12.81 STREET ADDRESS: 12.82 CITY: 12.83 STATE: 12.84 ZIP: 12.85 NAME: 12.86 STREET ADDRESS: 12.87 CITY: 12.88 STATE: 12.89 ZIP: 12.90 NAME: 12.91 STREET ADDRESS: 12.92 CITY: 12.93 STATE: 12.94 ZIP: 12.95 NAME: 12.96 STREET ADDRESS: 12.97 CITY: 12.98 STATE: 12.99 ZIP: 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 NAME: 13.2 STREET ADDRESS: 13.3 CITY: 13.4 STATE: 13.5 ZIP: 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY: 13.9 STATE: 13.10 ZIP: 13.11 NAME: 13.12 STREET ADDRESS: 13.13 CITY: 13.14 STATE: 13.15 ZIP: 13.16 NAME: 13.17 STREET ADDRESS: 13.18 CITY: 13.19 STATE: 13.20 ZIP: 13.21 NAME: 13.22 STREET ADDRESS: 13.23 CITY: 13.24 STATE: 13.25 ZIP: 13.26 NAME: 13.27 STREET ADDRESS: 13.28 CITY: 13.29 STATE: 13.30 ZIP: 13.31 NAME: 13.32 STREET ADDRESS: 13.33 CITY: 13.34 STATE: 13.35 ZIP: 13.36 NAME: 13.37 STREET ADDRESS: 13.38 CITY: 13.39 STATE: 13.40 ZIP: 13.41 NAME: 13.42 STREET ADDRESS: 13.43 CITY: 13.44 STATE: 13.45 ZIP: 13.46 NAME: 13.47 STREET ADDRESS: 13.48 CITY: 13.49 STATE: 13.50 ZIP: 13.51 NAME: 13.52 STREET ADDRESS: 13.53 CITY: 13.54 STATE: 13.55 ZIP: 13.56 NAME: 13.57 STREET ADDRESS: 13.58 CITY: 13.59 STATE: 13.60 ZIP: 13.61 NAME: 13.62 STREET ADDRESS: 13.63 CITY: 13.64 STATE: 13.65 ZIP: 13.66 NAME: 13.67 STREET ADDRESS: 13.68 CITY: 13.69 STATE: 13.70 ZIP: 13.71 NAME: 13.72 STREET ADDRESS: 13.73 CITY: 13.74 STATE: 13.75 ZIP: 13.76 NAME: 13.77 STREET ADDRESS: 13.78 CITY: 13.79 STATE: 13.80 ZIP: 13.81 NAME: 13.82 STREET ADDRESS: 13.83 CITY: 13.84 STATE: 13.85 ZIP: 13.86 NAME: 13.87 STREET ADDRESS: 13.88 CITY: 13.89 STATE: 13.90 ZIP: 13.91 NAME: 13.92 STREET ADDRESS: 13.93 CITY: 13.94 STATE: 13.95 ZIP: 13.96 NAME: 13.97 STREET ADDRESS: 13.98 CITY: 13.99 STATE: 14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199 (32)(b) Florida Statutes. I further certify that the information included in 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 manager or trustee or person in control of the corporation and that my signature shall have the same legal effect as if made under oath. In the absence of the above, I am not qualified to sign this report as required by Sections 199 (32)(b) Florida Statutes, and that my name appears in the K-1 or K-1A filing report or an amendment thereto.							

SIGNATURE:

Gary H. Kornik Pres.
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR