

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

**APPROVED
AND
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95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F47556 (8)

1. Corporation Name:
EXIT VII, INC.

Principal Place of Business:
**% RUBEN MATZ
236 TOWN CTR MALL #11
BOCA RATON FL 33422
US**

Mailing Address:
**% RUBEN MATZ
2700 BISCAYNE BLVD
MIAMI FL 33137-1534
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2008585	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. 190.02, Florida Statutes. ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**MATZ, RUBEN
2700 BISCAYNE BLVD
MIAMI FL 33137**

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 215.01 and 602.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept this appointment as registered agent. I am familiar with and accept the provisions of Sections 215.01 and 602.1505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME PD MATZ, RUBEN	2. STREET ADDRESS 8877 COLLINS AVENUE, #310	3. CITY, STATE, ZIP MIAMI BEACH FL
4. NAME D MATZ, GLADYS	5. STREET ADDRESS 8877 COLLINS AVENUE #310	6. CITY, STATE, ZIP MIAMI FL
7. NAME	8. STREET ADDRESS	9. CITY, STATE, ZIP
10. NAME	11. STREET ADDRESS	12. CITY, STATE, ZIP
13. NAME	14. STREET ADDRESS	15. CITY, STATE, ZIP
16. NAME	17. STREET ADDRESS	18. CITY, STATE, ZIP
19. NAME	20. STREET ADDRESS	21. CITY, STATE, ZIP
22. NAME	23. STREET ADDRESS	24. CITY, STATE, ZIP
25. NAME	26. STREET ADDRESS	27. CITY, STATE, ZIP
28. NAME	29. STREET ADDRESS	30. CITY, STATE, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. NAME	☐ Change ☐ Addition
4. NAME	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. NAME	☐ Change ☐ Addition
8. NAME	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. NAME	☐ Change ☐ Addition
12. NAME	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. NAME	☐ Change ☐ Addition
16. NAME	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. NAME	☐ Change ☐ Addition
20. NAME	
21. NAME	☐ Change ☐ Addition
22. NAME	
23. NAME	☐ Change ☐ Addition
24. NAME	
25. NAME	☐ Change ☐ Addition
26. NAME	
27. NAME	☐ Change ☐ Addition
28. NAME	
29. NAME	☐ Change ☐ Addition
30. NAME	

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 190.02(4)(b), 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 190, Florida Statutes, and that my name appears on Block A, or Block B, of the report as required in Block 1, with an address.

SIGNATURE:

Ruben Matz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (305) 573-8311