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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

F95000003889 (1)

AIHI	UM APARIMENTS, INC.				
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		<u> </u>
C/O THE RELATED COMPANIES. L.P. C/O THE RELATED 625 MADISON AVE. 625 MADISON AVE. NEW YORK NY NEW YORK NY				Date Incorporated or Qualified	
				08/11/1995	bate of East neport
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		APPLIED FOR	Not Applicable
22		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for intan	
24	25	29	30	Florida Statutes	] No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regis	stered Agent
2-2	00000171011 0110771.		81 Name		
	ORPORATION SYSTEM		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	SOUTH PINE ISLAND ROAD		83		
PLAN	TATION FL 33324		83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607 0502	2 and 607 1508. Florida Statut	os the above parced come	ration submits this statement for the purpose	FL
OL LOGISTOLE	to agent, or both, in the state of right	ua. Such change was authoriz	eo ny ine comporation's boa	ration submits this statement for the purpose and of directors. Thereby accept the appointm	e of changing its registered office   hent as registered agent. I am
recrinica verti	n, and accept the obligations of, Sect	ion 607.0505, Florida Statutes	i.		-
SIGNATURE _	Signature hypero or printed natural of rug dered agent	and steed algorizable (NO	Hz. Begistered Agost signature recure	Uvition new statute)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICER	
T:TLF	PD	DELETE	1. 1 THLE		Change Addition
NAME:			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		14 CHY ST ZIP		
TIFLE	V	Detete	2 1 TITLE		Change Addition
NAME	LEVINE, DAVID	TI 000	2.2 NAME		
STREET ADDRESS	625 MADISON AVE., 9TH I	FLUUR	2.3 STHEFT ADDRESS		
THLE	NEW YORK NY 10022 S		2 4 C/TY - ST - ZIP		
NAME	SOLOKOVIC, JOHN	DELETE	2 1 T.HUF	12/ 12/	Change Addition
STREET ADDRESS	625 MADISON AVE., 9TH FLOOR			okolovic, Joh,	1
City-St-Zip	NEW YORK NY 10022	LOON	3.3 STREET ADDRESS		
TITLE	D	□ DELFTE	3 4 CHY - ST - 2IF 4 1 THLE		Channa D Addison
NAME	AUGENBLICK, ANDREW	0.0,1	4.2 NAME		Change Addition
STREET ADDRESS	625 MADISON AVE., 9TH F	FLOOR	4.3 STREET ADORESS	900001739	2260
CITY - SI - ZIP	NEW YORK NY 10022	20011	4.4 CITY - ST - ZIP	-03/07/9601107	7~-005
TITLE	D	DELETE	5 1 TITLE	***200.00	Change Addition
NAME	BOWERS, BRYAN	_	5.2 NAME	=====	□ overde □ veguidii
STREET ADDRESS	ONE CHASE MANHATTAN	PLAZA, 44TH FLOOR	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10005		5 4 CITY - ST - 7 P		
TITLE	D	DELETE	6 1 TITLE		Change Addition
NAME	LOVESTEAD, H S		6 2 NAME		2/1
STREET ADDRESS	ONE CHASE MANHATTAN	PLAZA, 44TH FLOOR	6 3 STREET ADDRESS		1 2 2
0.10 67 70	NEW VADY NV 1000E				21

14. Too 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: 4

RIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

Daytin e Phone #