

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G17962** (3)

1. Corporation Name  
**CLAIRMONT, INC.**

Principal Place of Business

**13238 SW 8TH STREET  
MIAMI FL 33184**

Mailing Address

**13238 SW 8TH STREET  
MIAMI FL 33184-1134**



2. Principal Place of Business

**21 1000 Island Blvd.**

Suite, Apt. #, etc.

**22 TS-11**

City & State

**23 Williams Island, FL**

Zip

**24 33160**

Country

**25 USA**

2a. Mailing Address

**26 1000 Island Blvd.**

Suite, Apt. #, etc.

**27 TS-11**

City & State

**28 Williams Island, FL**

Zip

**29 33160**

Country

**30 USA**

3. Date Incorporated or Qualified

**01/04/1983**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-2308500**

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

9. Name and Address of Current Registered Agent

**SAN PEDRO, ANTONIO  
13238 SW 8TH STREET  
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name

**Abraham Baum**

82 Street Address (P.O. Box Number is Not Acceptable)

**1000 Island Blvd.**

83 **TS-11**

84 City

**Williams Island**

**FL**

85 Zip Code

**33160**

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 of the person named in block 9, and if applicable, the person named in block 10.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BAUM, ABRAHAM**

STREET ADDRESS **6039 COLLINS AVE, #1203 1000 Island Blvd, TS-11**

CITY-ST-ZIP **MIAMI FL Williams Island, FL 33160**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

2.1 STREET ADDRESS

2.1 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

Date

Daytime Phone #

CR2E034 (9/96)