

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G41158** (8)

S.W. 124TH STREET PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

1. Name of Corporation		2a. Mailing Address		3. Filing period or 12 months	3a. Date of Last Report
8353 SW 124 ST. STE. 205 MIAMI FL 33156 US		8353 SW 124 ST. STE. 205 MIAMI FL 33156 US		05/26/1983	06/09/1994
2. Filing period or 12 months	2b. Mailing Address	4. FEI Number	Applied Fee (See Instructions)		
21		59-2388105	\$8.75 Additional Fee Required		
22. State of Incorporation	27. State of Incorporation	5. Certificate of State Taxed	\$5.00 May Be Added to Fees		
23	FL				
24. Date of Incorporation	25. Date of Incorporation	29. Date of Incorporation	30. Date of Incorporation	6. Election of Corporate Form of Taxation	
				<input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> C-Corp <input type="checkbox"/> Florida Statute	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
KAPLAN, MICHAEL A 7900 SW 57 AVE. STE. 21 MIAMI FL 33143				B1	Name		
				B2	Street Address (P.O. Box or Post Office optional)		
				B3	City		
				B4	FL	B5	Zip Code

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

12. Director, Agent, or Officer	13. Additional Officers, Directors, or Agents
PS KAPLAN, MICHAEL A 7900 SW 57 AVE., STE. 21 MIAMI, FL 00000	Name Address City State Zip Code
Name Address City State Zip Code	Name Address City State Zip Code
Name Address City State Zip Code	Name Address City State Zip Code
Name Address City State Zip Code	Name Address City State Zip Code
Name Address City State Zip Code	Name Address City State Zip Code
Name Address City State Zip Code	Name Address City State Zip Code
Name Address City State Zip Code	Name Address City State Zip Code
Name Address City State Zip Code	Name Address City State Zip Code
Name Address City State Zip Code	Name Address City State Zip Code

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Michael A. Kaplan*
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/30/95 233-9200