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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G47287** **(9)**

1. Corporation Name

MKH NORTHEAST MIAMI APTS., INC.

Principal Place of Business	Mailing Address
C/O ELLIOTT HARRIS 111 SW 3RD. ST., 6TH. FL. MIAMI FL 33130	C/O ELLIOTT HARRIS 111 SW 3RD. ST., 6TH. FL. MIAMI FL 33130

3. Date Incorporated or Qualified: 07/05/1983
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business
21 10800 Biscayne Blvd.
Suite, Apt. #, etc.
22 950
City & State
23 Miami, FL
Zip 24 33161 Country 25 Dade

2a. Mailing Address
26 c/o Frank Murray
Suite, Apt. #, etc.
27 10800 Biscayne Blvd. 950
City & State
28 Miami, FL
Zip 29 33161 Country 30 Dade

4. FEI Number: 59-2305394 ☐ 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

MURRAY, FRANK L.
~~200, 8101 BISCAYNE BLVD.~~
~~MIAMI FL 33138~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD
83 #950
84 City NO. MIAMI FL 85 Zip Code 33161

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 new registered agent if changing) (Typed or printed name of new registered agent if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ~~MURRAY,FRANK~~ ~~200, 8101 BISCAYNE BLVD.~~ ~~MIAMI, FL 00000~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP MURRAY, FRANK 10800 BISCAYNE BLVD #950 NO. MIAMI, FL 33161	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~KRISTOL,JERRY~~ ~~111 SW 3RD. ST. 600~~ ~~MIAMI, FL 00000~~	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ ~~HARRIS,ELLIOTT~~ ~~111 SW 3RD. ST. 600~~ ~~MIAMI, FL 00000~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VSTD HARRIS, ELLIOTT 111 SW 3 St, 6th Floor MIAMI, FL 33130	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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 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 added to the report with an address.

SIGNATURE: Elliott Harris 1/17/96 (305) 358-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)