FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G87518 (8)

1. Corporation Name
LA ROCHE APARTMENTS, INC.

Principal Place of Business
C/O CORINNE MOSES
8151 S.W. 93RD COURT
MIAMI FL 33173

Mailing Address
C/O CORINNE MOSES
8151 S.W. 93RD COURT
MIAMI FL 33173

2. Principal Place of Business
21 LA ROCHE APARTMENT, INC.
Suite, Apt. #, etc.
22 1936 S.W. 2ND STREET
City & State
23 MIAMI, FLORIDA
Zip
24 33135
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 01/10/1984
3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-2387224 — 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
MOSES, CORINNE
8151 S.W. 93RD COURT
MIAMI FL 33173

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 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TRAEGER, GLADYS	
STREET ADDRESS	525 CORAL WAY #401	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☒ DELETE
NAME	BERG, SARAH	
STREET ADDRESS	1257 S. OAKCREST RD.	
CITY-ST-ZIP	ARLINGTON, VR.	
TITLE	ST	☐ DELETE
NAME	MOSES, CORINNE	
STREET ADDRESS	8151 S.W. 93 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	☐ DELETE
NAME	EISENSTEIN, GRACE	
STREET ADDRESS	11250 HOMEDALE ST.	
CITY-ST-ZIP	LOS ANGELES CA	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	DONALDSON, HELEN	
2.3 STREET ADDRESS	8950 S.W. 85TH STREET	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33173	
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		

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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 on an attachment with an address.

SIGNATURE: Corinne Moses — 3-26-96 — (305) 273-8683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #