

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

FILED

Mar 18 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # J77399

(0)

1. Corporation Name
KING RICHARD CAB NO. 1057, INC.

Principal Place of Business
**19321 NE 18TH COURT
N. MIAMI BEACH FL 33179**

Mailing Address
**19321 NE 18TH COURT
N. MIAMI BEACH FL 33179-3635**



2. Principal Place of Business:

21 **621 N.E. 138th Street**
Suite, Apt. #, etc.

22 City & State

23 **N. Miami, Florida**

24 Zip **33161**

Country **Dade**

2a. Mailing Address:

26 **621 N.E. 138th Street**
Suite, Apt. #, etc.

27 City & State

28 **N. Miami, Florida**

29 Zip **33161**

Country **Dade**

3. Date Incorporated or Qualified
06/05/1987

3a. Date of Last Report
03/04/1996

4. FEI Number

65-0032085

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

**PESETSKY, WALTER S.
1367 NE 162ND ST
N. MIAMI BEACH FL 33162**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORDES, RICHARD	
STREET ADDRESS	19321 NE 18TH COURT	
CITY-STATE-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CORDES, PATRICIA	
STREET ADDRESS	19321 NE 18TH COURT	
CITY-STATE-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORDES, RICHARD, JR.	
STREET ADDRESS	19321 NE 18TH COURT	
CITY-STATE-ZIP	N. MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENTON, DEBRA	
STREET ADDRESS	1932 N. E. 18 COURT	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres/Dir/Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Abraham Brejt	
1.3 STREET ADDRESS	621 N.E. 138th Street	
1.4 CITY-STATE-ZIP	N. Miami, FL. 33161	
2.1 TITLE	V.Pres/Dir/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Harris Litwin	
2.3 STREET ADDRESS	621 N.E. 138th Street	
2.4 CITY-STATE-ZIP	N. Miami, FL 33161	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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

Harris Litwin

3/12/97

531-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)