

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 # **K32055** (1)

1. Corporation Name

OPARK LANE (N.V.) INC.



Principal Place of Business

Mailing Address

**3115 NE 163RD ST
NORTH MIAMI BCH FL 33160
US**

**3115 NE 163RD STREET
NORTH MIAMI BCH FL 33160
US**

3. Date Incorporated or Qualified

08/30/1988

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 2100 Park Central Blvd. N.

26 2100 Park Central Blvd. N.

59-2118270

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 900

27 900

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip Country

Zip Country

24 33064

25 USA

29 33064

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, NANCY C.
3049 NORTHEAST 163RD STREET
NORTH MIAMI FL 33160**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **BROD, KAREN**
STREET ADDRESS **3049 N.E. 163RD STREET**
CITY - ST - ZIP **N. MIAMI FL**

TITLE **PD** ☐ DELETE
NAME **SREDNI, ISAAC**
STREET ADDRESS **3049 N.E. 163RD STREET**
CITY - ST - ZIP **N. MIAMI FL 33160**

TITLE **VD** ☐ DELETE
NAME **SREDNI, ERWIN**
STREET ADDRESS **3049 NE 163RD ST**
CITY - ST - ZIP **N MIAMI BEACH 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

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 ☐ 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 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 or change I, upon an attachment with an address.

Erwin Sredni, Vice President 04/29/96 (954)971-3339

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)