

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K76847** (8)
1. Corporation Name:
MIAMI BEACH VINTAGE PROPERTIES INCORPORATED

APPROVED
AND
FILED

95 MAY -1 11 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1601 JEFFERS AVE MIAMI BCH FL 33139	1601 JEFFERS AVE MIAMI BCH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0110819	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 unreported taxes under S. 100.019, Florida Statutes ☒ Yes ☐ No	

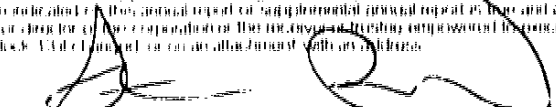
2. Principal Place of Business	2a. Mailing Address	21	26
22	27	23	28
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WASSERMAN, MARTIN W 999 WASHINGTON AVE MIAMI BCH FL 33139		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0530 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby authorized to accept the appointment of the above named corporation.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (2-13)	
NAME	D CARVER, MICHAEL 1520 EUCLID AVENUE MIAMI BEACH FL	1 NAME	☒ Change ☐ Addition
STREET ADDRESS		14 STREET ADDRESS	1601 JEFFERSON AVE
CITY, ST, ZIP		15 CITY, ST, ZIP	
NAME	D POLAKOFF, STEVEN 1520 EUCLID AVENUE MIAMI BEACH FL	2 NAME	☒ Change ☐ Addition
STREET ADDRESS		24 STREET ADDRESS	1601 JEFFERSON AVE
CITY, ST, ZIP		25 CITY, ST, ZIP	
NAME		3 NAME	☐ Change ☐ Addition
STREET ADDRESS		34 STREET ADDRESS	
CITY, ST, ZIP		35 CITY, ST, ZIP	
NAME		4 NAME	☐ Change ☐ Addition
STREET ADDRESS		44 STREET ADDRESS	
CITY, ST, ZIP		45 CITY, ST, ZIP	
NAME		5 NAME	☐ Change ☐ Addition
STREET ADDRESS		54 STREET ADDRESS	
CITY, ST, ZIP		55 CITY, ST, ZIP	
NAME		6 NAME	☐ Change ☐ Addition
STREET ADDRESS		64 STREET ADDRESS	
CITY, ST, ZIP		65 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information submitted in 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment to this report as required.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR
STEVEN POLAKOFF

4/20/95 (305) 534-1424
Date Signature