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 # **L11949** **(9)**

1. Corporation Name

DADELAND NORTH, INC.

Principal Place of Business	Mailing Address
6605 6661 S. DIXIE HIGHWAY MIAMI FL 33143 US	1550 MADRUGA AVE. STE. 230 CORAL GABLES FL 33146 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **08/25/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0153894** ☐ 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

LEITMAN, PHILIP
1550 MADRUGA AVE.
STE. 230
CORAL GABLES FL 33146

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 Section 607.1502 and 607.1503, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	13 TITLE		☐ Change ☐ Addition
NAME	SUCHMAN, CLIFFORD L.		13 NAME		
STREET ADDRESS	1550 MADRUGA AVE		13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		13 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	23 TITLE		☐ Change ☐ Addition
NAME	LEITMAN, PHILIP		23 NAME		
STREET ADDRESS	1550 MADRUGA AVE		23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		23 CITY-ST-ZIP		
TITLE	V	☐ DELETE	33 TITLE		☐ Change ☐ Addition
NAME	SHANE, MARTIN		33 NAME		
STREET ADDRESS	1550 MADRUGA AVE		33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		33 CITY-ST-ZIP		
TITLE	T	☐ DELETE	43 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, PETER		43 NAME		
STREET ADDRESS	1550 MADRUGA AVE		43 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		43 CITY-ST-ZIP		
TITLE	S	☐ DELETE	53 TITLE		☐ Change ☐ Addition
NAME	SUCHMAN, LAWRENCE		53 NAME		
STREET ADDRESS	1550 MADRUGA AVE		53 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		53 CITY-ST-ZIP		
TITLE	V	☐ DELETE	63 TITLE		☒ Change ☐ Addition
NAME	STEIN, PAUL		63 NAME	STEIN, SAUL	
STREET ADDRESS	1550 MADRUGA AVE., STE. 230		63 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		63 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 business entity required 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: P. Leitman 04/05/96 305-667-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

PHILIP LEITMAN PRESIDENT

CR2E034 (12/95)