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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90305 044 ***158.75

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L21609

1. Corporation Name
836 PENNSYLVANIA, INC.



Principal Place of Business Mailing Address

750 COLLINS AVENUE NO. 1 MIAMI BEACH FL 33139 US

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1989

2. Principal Place of Business 2a. Mailing Address

21 **10101 E. Bay HARBOR DR** 26 **10101 E. Bay HARBOR DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **APT # 704** 27 **APT # 704**

City & State City & State

23 **Bay HARBOR ISL, FL** 28 **Bay HARBOR ISL, FL**

Zip Country Zip Country

24 **33154** 25 **33154** 30

4. FEI Number **65-0264255** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

ALVAREZ, JOSE
9445 BIRD ROAD
SUITE 105
MIAMI FL 33165

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 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	P <input type="checkbox"/> DELETE
NAME	YUKEN, SALOMON
STREET ADDRESS	750 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	YUKEN, ROSA
STREET ADDRESS	750 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YUKEN, INGRID
STREET ADDRESS	1143 99 ST.
CITY-ST-ZIP	Bay HARBOR ISL, FL 33154
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **Ingrid Yuken** **4-14-99 (305) 374-4412**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)