FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L46948** **(0)**

1. Corporation Name
LA VUE II, INC.

Principal Place of Business	Mailing Address
3990 SHERIDAN ST 202 HOLLYWOOD FL 33021 US	3990 SHERIDAN ST 202 HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 3101 EMERALD POINTE DRIVE	26 3990 SHERIDAN STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 209
City & State 23 HOLLYWOOD, FL	City & State 28 HOLLYWOOD, FL
Zip 24 33021 Country 25 USA	Zip 29 33021 Country 30 USA

4. FEI Number: 65-0173803 ☐ 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

7. 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
SCHWARTZ, JOSEPH L. 4040 SHERIDAN ST. HOLLYWOOD FL 33021	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	BERMAN, HOWARD B.	12 NAME		
STREET ADDRESS	3990 SHERIDAN ST., #214	13 STREET ADDRESS	3801 NE 207 STREET #801	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	ACKERMAN, MARCOS	22 NAME		
STREET ADDRESS	3990 SHERIDAN ST., #214	23 STREET ADDRESS	20281 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
TITLE	DST	31 TITLE		☒ Change ☐ Addition
NAME	WEIL, MICHAEL J.	32 NAME		
STREET ADDRESS	3475 SHERIDAN ST., #216	33 STREET ADDRESS	3541 N. 31 TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BERMAN, STEVEN B	42 NAME		
STREET ADDRESS	3410 EMERALD POINT DR 304	43 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information reported 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 if changed, or on an attachment with an address.

SIGNATURE: STEVEN BERMAN 4/5/95 (305) 981-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP