

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:49

DOCUMENT # L67111 (9)

1. Corporation Name:
BELVEDERE REALTY INC.

Principal Place of Business: **407 LINCOLN RD.
SUITE 6-G
MIAMI BCH. FL 33139**
Mailing Address: **407 LINCOLN RD.
SUITE 6-G
MIAMI BCH. FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1990** 3a. Date of Last Report: **06/27/1994**
4. FEI Number: **NOT APPLICABLE** 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

2. Principal Place of Business: 2a. Mailing Address:
21. Name: Apt. # etc: 26. Name: Apt. # etc:
22. City & State: 27. City & State:
23. Zip: 28. Zip:
24. Country: 29. Country:

9. Name and Address of Current Registered Agent

**LICHT, HARRY
407 LINCOLN RD.
SUITE 6-G
MIAMI BCH. FL 33139**

10. Name and Address of New Registered Agent

01. Name:
02. Street Address (P.O. Box Number is Not Acceptable):
03. City:
04. State: **FL** 05. Zip Code:

11. As Agent for the corporation, of Sections 607 (PAG) and 607.1506, 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. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

Signature:

Signature of Registered Agent (Agent or Agent's Representative)

Signature of Registered Agent (Agent or Agent's Representative)

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD LICHT, HARRY	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	5151 COLLINS AVE, APT 930	2. NAME	
CITY & STATE	MIAMI BCH. FL	3. STREET ADDRESS	
ZIP	STD	4. CITY & STATE	
NAME	LICHT, PEARL	5. NAME	☐ Change ☐ Addition
STREET ADDRESS	5151 COLLINS AVE, APT 930	6. STREET ADDRESS	
CITY & STATE	MIAMI BCH. FL	7. CITY & STATE	
ZIP		8. NAME	☐ Change ☐ Addition
NAME		9. STREET ADDRESS	
STREET ADDRESS		10. CITY & STATE	
CITY & STATE		11. NAME	☐ Change ☐ Addition
ZIP		12. STREET ADDRESS	
NAME		13. CITY & STATE	
STREET ADDRESS		14. NAME	☐ Change ☐ Addition
CITY & STATE		15. STREET ADDRESS	
ZIP		16. CITY & STATE	
NAME		17. NAME	☐ Change ☐ Addition
STREET ADDRESS		18. STREET ADDRESS	
CITY & STATE		19. CITY & STATE	
ZIP		20. NAME	☐ Change ☐ Addition
NAME		21. STREET ADDRESS	
STREET ADDRESS		22. CITY & STATE	
CITY & STATE		23. NAME	☐ Change ☐ Addition
ZIP		24. STREET ADDRESS	
NAME		25. CITY & STATE	
STREET ADDRESS		26. NAME	☐ Change ☐ Addition
CITY & STATE		27. STREET ADDRESS	
ZIP		28. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of disclosure under the Freedom of Information Act, Florida Statutes. Further, I certify that the information is true and correct to the best of my knowledge and belief, and that the information is not false or misleading. I understand that any person who knowingly furnishes false or misleading information to the Department of State is subject to criminal penalties under the provisions of the Freedom of Information Act, Florida Statutes, and that any person who knowingly furnishes false or misleading information to the Department of State is subject to civil penalties under the provisions of the Freedom of Information Act, Florida Statutes.

SIGNATURE:

Harry Licht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95

305-522-7554