

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L76507 (7)

1. Corporation Name

FANE PROPERTIES, INC.



Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD  
SUITE 760  
MIAMI FL 33181

18146 COLLINS AVE  
#144  
MIAMI FL 33160

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 18090 COLLINS AV.

22 City & State

27 144  
28 MIAMI BEACH

23 Zip Country

29 33160 30 FL

3. Date Incorporated or Qualified

05/25/1990

3a. Date of Last Report

01/13/1995

4. FEI Number

65-0281380

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

10. Name and Address of New Registered Agent

SUPRASKI, LOUIS A  
SMITH & SUPRASKI, P A  
11900 BISCAYNE BLVD. STE. 760  
MIAMI FL 33181

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 607.0802 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 of Registered Agent (Typed Name and Address)

Signature of Registered Agent (Typed Name and Address)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
PD  
ESKENAZI, ALBERT  
18090 COLLINS AV/PO BOX 144  
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied 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 supplementary 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT ESKENAZI

JAN 23/96 - 305-936-8498

CR2E034 (12/95)