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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L76507

(7)

1. Corporation Name

FANE PROPERTIES, INC.

Principal Place of Business

11900 BISCAYNE BLVD
SUITE 780
MIAMI FL 33181

Mailing Address

18090 COLLINS AVENUE
144
MIAMI BEACH FL 33160-1917
US



2. Principal Place of Business

21 18090 Collins Av.

State Apt. # etc.

22 144

City & State

23 NMM FL

24 Zip 33160

Country

25 USA

2a. Mailing Address

26 18090 Collins Av.

Suite, Apt. #, etc.

27 144

City & State

28 NMM FL

29 Zip 33160

Country

30 USA

3. Date Incorporated or Qualified

05/25/1990

3a. Date of Last Report

02/22/1996

4. FEI Number

65-0281380

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

SUPRASKI, LOUIS A
SMITH & SUPRASKI, P A
11900 BISCAYNE BLVD. STE. 780
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name ALBERT ESKENAZI

82 Street Address (P.O. Box Number is Not Acceptable)

83 18090 COLLINS AV #144

84 City NMM

FL

85 Zip Code

33160

11. Pursuant to the provisions of Sections 607.1502 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

4/9/97

12. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0218380

CR2E034 (9/96)