Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90266 019 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M51191

1. Corporation Name

Principal Place of Rusiness

FIRST AVENUE SOUTH PROPERTIES CORP.

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1320 S. DIXIE H	₩Y.	1320 S. DIXIE HWY.							
STE. 940 CORAL GABLES	E 22146	STE. 940 CORAL GABLES FL 33146				DO NOT WRITE IN THIS SPACE			
US	3 1 2 33140	US			3. Date Incorporated or Qualifed				
00						04/29/1987			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			pr lied For
	acc of Business	26			59-2799922			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				39.21 99922			A Iditional
—		27				5. Certifc ate of Status Desired			tec uired
City & State		City & State				& Flustice Compains Figureins			May Be
—		· ·	28			6. Election Campaign Financing Trust Fund Contribution			tc Fees
Zip Country		Zip Country						16 7 665	
			· — ·			 This or reporation owes the currely Personal Property Tax. 	ent year me	M Yes	□No
24 25 25 9. Name and Address of Currel		·	29 30 30 September 29 30 Septe			10. Name and Address of New F	Penistered A	/3	-12110
	5. Name and Address of Curren	Kedistelen Adelli		81	Name	To. Marie and Address of New 1	togistered ?	- guit	
HERSKOWITZ, BERNARD				1	Hamic	_			
	S.DIXIE HWY.,STE.940		82	Street Address (P.O. Box Number is Not Acceptable)					
CUR	AL GABLES FL 33131			83					
				84	City			85 Zip	Code
				Ш			<u> </u>	Щ.,	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	o Florida. Such change was	a uthorized	i by th	he corporati	poration submits this statement for the ion's board of directors. I hereby accep	t the app in	tment as r	egi stered
SIGNATURE	Signature, typed or printed name of registered agen	t ind title if applicable (NO	TE: Registered	Agent :	signature regu	ed when reinstating)	DATE		
12.			13.			ADDITIONS/CHANGES TO OF	FICERS / N	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 10	Π.Ε				Change	☐ Addition
NAME	HERSKOWITZ, BERNARD		1.2 NA	MF					
					ADDDESS.				
STREET ADDRESS				1.3 STREET ADDRESS					Į.
CITY-ST-ZIP	CORAL GABLES FL	☐ DELETE	2.1 Til		-217			Change	Addition
TITLE	D I EDOUE	C berrie							
NAME	HERSKOWITZ, JEROME								
STREET ADDRESS	020 0. 0			2.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP					Addition
TITLE		☐ DELETE	3.1 717		}			Change	[] Addition
NAME	i I		3.2 NA	ME	1				
STREET ADDRESS			3381	REETA	ADDRESS				
CITY-ST-ZIP			3.4. CI	ITY-ST-	- ZIP				
TITLE	_	☐ DELETE	4.1 717	ΠE				Change	Addition
NAME (4. 2 N/	AME	ļ				ļ
STREET ADDRES 3			4.3 ST	REETA	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TIT					Change	Addition
NAME			5.2 NA	ME					
STREET ADDRES			5.3 ST	REETA	ADDRESS				ſ
CITY-ST-ZIP			5.4 CF	TY-ST-	ZIP				1
TITLE		☐ DELETE	6.1 TIT					☐ Change	Addition
i			62 NA	ME					- 1
NAME			1		ADDRESS				Ĭ

h his filing does not qualify for the exemption stated in Section 119.97(3)(i), Florida Statutes. I further certify that the information annual report is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an two or trustee empowered to be exite this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplier indicated on this annual report or supplier officer or director of the corporation or the Block 12 or Block 13 if changed, or on an all of the corporation or the supplier

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP