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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M53644 (4)

1. Corporation Name

PRIME CORNERS, INC.

Principal Place of Business

Mailing Address

2835 HOLLYWOOD BLVD.
4TH FLOOR
HOLLYWOOD FL 33020
US

2835 HOLLYWOOD BLVD.
4TH FLOOR
HOLLYWOOD FL 33020
US



3. Date Incorporated or Qualified

06/10/1987

3a. Date of Last Report

05/23/1995

4. FEI Number

59-2818462

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

2. Principal Place of Business

2a. Mailing Address

21 20441 NE 30 AVE

26 20441 NE 30 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 104

27 104

City & State

City & State

23 Aventura, FL

28 Aventura, FL?

Zip

Country

Zip

Country

24 33180

25 USA

29 33180

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WERNER, RONALD K.

20441 NE 30 AVE #104

NO MIAMI BCH FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME WERNER, RONALD K.
STREET ADDRESS 20441 NE 30 AVE
CITY- ST- ZIP NO. MIAMI BCH FL ☐ DELETE

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

TITLE V
NAME TURCHIN, ROBERT L. JR
STREET ADDRESS 1835 PURDY AVE.
CITY- ST- ZIP MIAMI BCH. FL ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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

100002169131
-05/07/97--01026--047
***165.00

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 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 #

RONALD K. WERNER

4/23/97 (305) 935-3112

CR2E034 (12/95)