

N 11 00000 4269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

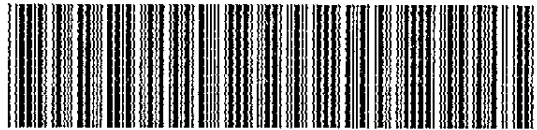
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:-

*Filing assigned
wrong # originally
Correction done
4/2011 RW*

Office Use Only



800195711758



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2011

7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE SUITE 2
MIAMI BEACH, FL 33141

SUBJECT: 7711 DICKENS AVE., CONDOMINIUM, INC.

This letter will confirm that due to a clerical error the above referenced corporation was incorrectly filed as a PROFIT 536491 corporation. Please be advised, we have corrected our records to reflect this corporation as a NON PROFIT corporation and assigned new document number N11000004269 with the original file date of June 6, 1977.

Any annual reports/uniform business reports submitted this office should reflect the new document number.

We sincerely apologize for any inconvenience this error may have caused you.

Should you have any questions please feel free to contact this office at the address indicated below.

Sincerely,
RoseAnn Varnadore
Senior Section Administrator
New Filing Section

Letter number: 211A00010556

ARTICLE V.

INITIAL BOARD OF DIRECTORS: The number of Directors constituting the Initial Board of Directors of the Corporation is one (1).

ARTICLE VI.

INITIAL DIRECTOR: The name and address of the sole member of the initial Board of Directors are:

- (a.) Name: JOZUA GRUENSTEIN
- (b.) Address: 7711 Dickens Avenue #1
Miami Beach, Florida 33141

ARTICLE VII.

INCORPORATOR: The name and address of the incorporator executing these Articles of Incorporation are:

- (a.) INCORPORATOR: JOZUA GRUENSTEIN
- (b.) Address: 7711 Dickens Avenue #1
Miami Beach, Florida 33141

Dated this 26th day of May, 1977.



 JOZUA GRUENSTEIN

STATE OF FLORIDA)
)
 ss:
 COUNTY OF DADE)

The foregoing was acknowledged before me by JOZUA GRUENSTEIN on this 26th day of May, 1977.



 Notary Public, State of Florida, at Large

My Commission Expires:



FLORIDA DEPARTMENT OF STATE

**THE ATTACHED COPIES ARE
THE BEST AVAILABLE.**

**SOME OR ALL OF THE ORIGINAL
DOCUMENTS SUBMITTED FOR
FILING WERE NOT SUITABLE FOR
MICROFILMING.**

N 11 00000 4269

FILED
JUN 22 9 06 AM '79
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LETTER & CUS 3401
6/25/79
[Signature]

REINSTATEMENT
FILED 6-22-79

7711 Dickerson Ave. Condover, v. an, Inc.
INVOLUNTARILY
DISGLOVED 7-2-5

REINSTATEMENT 15
CUS
72 Privilege Tax
73 Annual Report
74 Annual Report
75 Annual Report
76 Annual Report
77 Annual Report
78 Annual Report
79 Annual Report
TOTAL
Bal. Due
Retained

3 1 68-25-79 874 15.00

10
10
20

52119

N-11 000004269

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office
 7711 Dickens Avenue
 Condominium, Inc

2. Enter Change of Address of Corporation Office P.O. Box Number Alone is NOT SUFFICIENT
 Street Address: 7711 Dickens
 P.O. Box No.
 City: Miami Beach
 State:

If above address is incorrect in any way, enter the correct address in Item 2. Include ZIP Code

3. Date Incorporated or Qualified To Do Business in Florida: 3/9/77
 4. Federal Employer Identification Number (FEIN)
 5. Date of Last Report: NONE

6. Name and Street Address of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
MARION MILLER	President	7711 DICKENS AVE	MIAMI BEACH FL
JOSEPH FERENCZ	Vice President	7711 DICKENS AVE	MIAMI BEACH FL
LOUIS LAMPERT	Director	7711 DICKENS AVE	MIAMI BEACH FL

7. Registered Agent Information

Name: LOUIS LAMPERT
 Street Address (Do NOT Use P.O. Box Number): 7711 DICKENS AVE MIAMI BEACH
 City, State and Zip Code: FLORIDA 33141

If you wish to change Registered Agent form, enter all new information below:
 Name:
 Street Address (Do NOT Use P.O. Box Number):
 City, State and Zip Code:

8. See signature regulations under instructions on reverse side of this form.
 I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature of Signing Officer: LOUIS LAMPERT
 Title: PRESIDENT
 Telephone Number:
 Date:

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

N11 00000 4269

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT



1980

THIS REPORT MUST BE ALL-TYPED BY 25 ST-100

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1 Name of Corporation (Do NOT use P.O. Box Number)

2 Enter Name, Address, Telephone Number, and State of Registered Agent (Do NOT use P.O. Box Number)

3 Date incorporated (Do NOT use To Do Business in State)

4 Federal Employer Identification Number (EIN)

5 Date of Last Report

Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT use P.O. Box Number)	City and State
MILLER, MARION	7711 ...	MICHIGAN
...
...

7 Registered Agent Information

Name: ...

Street Address (Do NOT use P.O. Box Number): 7711 ...

City, State and Zip Code: ... 48106

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3

DS 4-25-80

8 I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report, as Required by Chapter 607 F.S.; further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath

9 Type Name of Signing Officer: MARION MILLER, Secretary

10 Telephone Number: 561-9245

11 Signature: Marion Miller

12 Date: Mar 7, 1980

13 DO NOT WRITE IN THIS SPACE

538491 03-31-80 25 130 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George F. Johnson
Secretary of State
DIVISION OF CORPORATIONS

FILED

A-8 3 52,7 '81

1981

THIS REPORT MUST BE FILED WITH THE STATE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

N.11.000004269

7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVENUE
MIAMI BEACH, FLORIDA 33141

6406/1917 1980

MILLET, MARION	S	7711 DICKENS AVE. #1	MIAMI BEACH, FL.
FERENCEZ, JOSEPH	V	7711 DICKENS AVE. #1	MIAMI BEACH, FL.
LAMPERT, LOUIS	P	7711 DICKENS AVE. #1	MIAMI BEACH, FL.

Registered Agent Information

7711 DICKENS AVENUE
MIAMI BEACH, FLORIDA 33141

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 689 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Printed Name of Signing Officer: MARION MILLER

Title: SECRETARY (S)

Telephone Number: 961-9245

Signature: Marion Miller

Date: Feb. 2, 1981

1982

FILED

JAN 25 6 51 PM '82

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required - Make Checks Payable To: Secretary of State

SECRET
TALLAHASSEE FLORIDA

~~CALL NO~~ **N11000004269**
7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVENUE
81
MIAMI BEACH, FLORIDA 33141

DL/DL/1577

04/21

MILLER, MARION	S	7711 DICKENS AVE. 81	MIAMI BEACH, FL
FERENCZ, JOSEPH	V	7711 DICKENS AVE. 81	MIAMI BEACH, FL
LAMPERT, LOUIS	P	7711 DICKENS AVE. 81	MIAMI, BEACH, FL

Registered Agent Information

LAMPERT, LOUIS
7711 DICKENS AVENUE
MIAMI BEACH, FLORIDA 33141

\$2.00 additional fee required for Registered Agent changes.

Signature *L. Lampert*

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required - Make Checks Payable To Secretary of State

W11000004269

7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVENUE
MIAMI BEACH, FLORIDA 33141

06/06/1977

03/25/1982

LANBERT, LOUIS	P/S	7711 DICKENS AVE #1	MIAMI BEACH, FL	0000
PERENCE, JOSEPH		7711 DICKENS AVE #3	MIAMI BEACH, FL	0000
MILLER, MARION	S	7711 DICKENS AVE #1	MIAMI BEACH, FL	0000

Miller Marion	P	7711 DICKENS AVE #1
NOVE HERMAN	V	7711 DICKENS AVE #4
LANBERT LOUIS	S	7711 DICKENS AVE #2

Registered Agent Information

LANBERT, LOUIS
7711 DICKENS AVENUE
MIAMI BEACH, FLORIDA 33141

\$2.00 additional fee required for Registered Agent changes

Louis Lambert
Secretary

1-5-83
861-8453

INDIVIDUAL
ANNUAL REPORT

1984



Read Notice and Instructions on Other Side Before Mailing Entries
Filing Fee of \$10 Required - Make Checks Payable to Secretary of State

N11 00004269

7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVENUE
MIAMI BEACH, FLORIDA 33141

06/26/1977

01/27/1983

1	NOVE, HERMAN	V	7711 DICKENS AVE #4	MIAMI BCH, FL	3300
2	MILLER, MARION	P	7711 DICKENS AVE #1	MIAMI BCH, FL	3300
3	LAMBERT, LOUIS	S	7711 DICKENS AVE #2	MIAMI BCH, FL	3300

Registered Agent Information

LOUIS, LAMBERT
7711 DICKENS AVE
MIAMI BCH, FL

33141

\$3.00 additional fee required for Registered Agent changes

Herman Nove

HERMAN NOVE

V.

01-14-84

861-6478

LEADERSHIP IN STATUS LEADERSHIP
\$1.00 FILING FEE PER REGISTERED OFFICER

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

N11 00000 4269
7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE #4
MIAMI BEACH, FLORIDA 33141

2 Enter Change of Address of Corporation Principal Office - P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date of Registration - See Fed. Reg. 101.103-1(e) of da **06-06-1977**

4 Federal Employer Identification Number (FEIN)

5 Date of Last Report **04/03/1986**

6 Names and Street Addresses of Each Officer and Director as of December 31, 1986

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
NOVE, HERMAN	S/T	7711 DICKENS AVE #4	MIAMI BCH, FL	00000
ALTSZYLER, ABRAHAM	P	7711 DICKENS AVE #1	MIAMI BCH, FL	00000
BAXES, ANTONIO N	V	7711 DICKENS AVE #2	MIAMI BCH, FL	00000

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

NOVE, HERMAN
7711 DICKENS AVE #4
MIAMI BEACH FL 33141

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

9 Pursuant to the provisions of Sections 607.014 and 607.017, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent or changing its registered agent or both, in the State of Florida. Such change was a prior party resolution duly adopted by its board of directors on _____.

I, the undersigned, being duly qualified and authorized by the board of directors of the above-named corporation, hereby accept the appointment of registered agent, I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ Registered Agent Accepting Appointment

DATE _____

\$3.00 additional fee required for Registered Agent changes

10 I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further certify that I understand my signature on this report shall have the same legal effects as if made under oath. (Officer's name must be stated in Block 6)

Signature *Herman Nove*
Typed Name of Signing Officer **HERMAN NOVE**

Title **SECRETARY**

Date **02-7-87**
Telephone Number **305-861-6478**

11 Should you desire a certificate of status check the box
 CERTIFICATE OF STATUS DESIRED

\$6 Additional Fee required for a Certificate of Status

OPTIONAL FORM 1986

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jan 20th
Secretary of State
DIVISION OF CORPORATIONS

AND FILED
2 27

DO NOT WRITE IN THIS SPACE

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

W11000004269
7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE #4
MIAMI BEACH, FLORIDA 33141

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified To Do Business in Florida

06/06/1977

4 Federal Employer Identification Number (FEIN)

86-44-571

5 Date of Last Report

02/17/1987

6 Name and Street Addresses of Each Officer and Director, as of December 31, 1987

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
NOVE, HERMAN	S/T	7711 DICKENS AVE #4	MIAMI BCH, FL	00000
ALTSZYLER, ABRAHAM	P	7711 DICKENS AVE #1	MIAMI BCH, FL	00000
BAXES, ANTONIO N	V	7711 DICKENS AVE #2	MIAMI BCH, FL	00000

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

NOVE, HERMAN
7711 DICKENS AVE #4
MIAMI BEACH FL 33142

8 Name and Address of New Registered Agent

Name 81
RAYMOND GABER
Street Address 1 (Do NOT Use P.O. Box Number) 82
7711 DICKENS AVE #4
Street Address 2 (Do NOT Use P.O. Box Number) 83
MIAMI BEACH
City and State 84
FLORIDA FL Zip Code 85
33141

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on Raymond Gaber

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.326, F.S.

SIGNATURE Raymond Gaber
(Registered Agent Accepting Appointment)

DATE 2/16/88

10 If a foreign corporation, date first transacted business in Florida

11 See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer or Director signing must be listed in Block 6.)

Signature Raymond Gaber

Date 2/16/88

Typed Name of Signing Officer or Director
RAYMOND GABER

Title Assistant Secretary Telephone Number 305-866-8419

12 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

CORPORATION

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1989 JUN 15 AM 10:21

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

MIAMI BEACH, FLORIDA 33141-2028

7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE #4
MIAMI BEACH, FLORIDA 33141-2028

ZIP 33141

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2 Enter Change of Address of Corporation Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21 _____
P.O. Box No 22 _____
City and State 23 _____
Zip Code 24 _____

3 Date Incorporated or Qualified To Do Business in Florida: **06/06/1977**

4 Federal Employer Identification Number (FEIN): **12-6440571**

5 Date Last Paid: **03/02/1988**

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	Zip Code
1	WOLF, HERMAN	7711 DICKENS AVE #4	MIAMI BCH, FL	00000
2	ALTSZYLER, ABRAHAM	7711 DICKENS AVE #1	MIAMI BCH, FL	00000
3	MODIA, DAVID	7711 DICKENS AVE #2	MIAMI BCH, FL	00000
4	FERENCZ, CATALIN	7711 DICKENS AVE #3	MIAMI BCH, FL	00000
5	<i>Katalin Ferencz</i>			
6				

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

GAVIN, RAYMOND
7711 DICKENS AVE #4
MIAMI BEACH FL 33141

8 Name and Address of New Registered Agent

Name 81: **MODIA DAVID**

Street Address 1 (Do NOT Use P.O. Box Number): _____

Street Address 2 (Do NOT Use P.O. Box Number): _____

City and State 84: **FL** Zip Code 85: _____

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, warrants 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 resolution duly adopted by its board of directors on _____ and hereby subject to the appointment of registered agent. I am familiar with and accept the obligations of Section 607.025 F.S.

SIGNATURE: *Abraham Altzyler s-t* DATE: **6-8-89**
Registered Agent Accepting Appointment

10 I, the undersigned, Secretary of State, do hereby certify that the above information is true and correct.

11 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. Further, I Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature _____ Date _____

Typed Name of Signatory Officer or Director _____ Title _____ Telephone Number _____

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

FILED
JUL 13 1990
MIAMI BEACH, FL

INCORPORATION
ANNUAL REPORT
1990



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Penalty Fee of \$25 Required - Make Checks Payable to Secretary of State

711 00000 4269

ZIP + 4 PRESORT
7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE #4
MIAMI BEACH, FLORIDA 33141-2020

06/06/1977

12-8440571

V	FEBENCZ, CATALIN <i>2 KONTROLAS</i>	7711 DICKENS AVE #3	MIAMI BCH, FL	00000
S/T	ALTSZYLER, ABRAHAM <i>altzyler abraham</i>	7711 DICKENS AVE #1	MIAMI BCH, FL	00000
P	MODIA, DAVID <i>David Modia</i>	7711 DICKENS AVE #2	MIAMI BCH, FL	00000

REGISTERED AGENT INFORMATION

MODIA, DAVID
7711 DICKENS AVE #4
MIAMI BEACH FL 33141

FL.

altzyler abraham

S.T.

6-13-1990

864-8140



APPLICANT
FOR RESTATEMENT

AV11000004269

FILED

Make Check Payable To: Department of State

DOCUMENT # **536491**

7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE #4
MIAMI BEACH, FLORIDA 33141

7711
OCT 31 1977
7711 DICKENS AVE #2
MIAMI BEACH, FL
33141

06/06/1977

12-6440571

Y	FERENCZ, CATALIN	7711 DICKENS AVE #3	MIAMI BCH, FL	00000
S/T	ALTSZYLER, ABRAHAM	7711 DICKENS AVE #1	MIAMI BCH, FL	00000
P	MODIA, DAVID	7711 DICKENS AVE #2	MIAMI BCH, FL	00000

REINSTATEMENT 91
000

REGISTERED AGENT INFORMATION

MODIA, DAVID
7711 DICKENS AVE #2
MIAMI BEACH FL 33141

David Modia

x Abraham Altszyler 10-28-91 305-864-8140
ABRAHAM ALTSZYLER

X

See back

2ND NOTICE FILE NOW! CORPORATION WILL BE
DISSOLVED ON OR AFTER OCTOBER 7, 1992.



111000004269

1992

STATE FEE \$125.00

7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE # 2
MIAMI BEACH FL 33141-2028

08/08/1977

10/31/1991 12-8440571

V	FERENCZ, CATALIN	7711 DICKENS AVE #3	MIAMI BCH., FL
S/T	ALTSZYLER, ABRAHAM	7711 DICKENS AVE #1	MIAMI BCH., FL
P	MODIA, DAVID	7711 DICKENS AVE #2	MIAMI BCH., FL

REGISTERED AGENT NAME

MODIA, DAVID
7711 DICKENS AVE. #2
MIAMI BEACH, FL 33141

LLC 9/1/92

FL.

David Modia

9-2-82

10 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes Yes No

SIGNATURE *Abraham Altszyler*
ABRAHAM ALTSZYLER TREASURER

9-2-82

305 864-8140

12 Should you wish to contribute to the Election Campaign Financing
Trust Fund, check the box and include an additional \$5.00 to the filing fee

2ND NOTICE FILE NOW! CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 7, 1992. **138.75**

CORPORATION
ANNUAL REPORT
1992

FLORIDA DEPARTMENT OF STATE
Secretary of State
CORPORATIONS



FILED
1992 SEP 14 PM 4:56

FILING FEE \$61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation
**7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE # 2
MIAMI BEACH FL 33141-2028**

N11000004269

2. If Address in 1. is incorrect in any way, file through the correct information and enter the correct address below. A P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.
21 Mailing Address
22 P.O. Box No.
23 City and State
24 Zip Code
3. Date Incorporated or Qualified To Do Business in Florida **06/06/1977**

3a. Date of Last Report **10/31/1991**
4. FEI Number **12-6440571**
FEI Number Applied For **138.75**
FEI Number Not Applicable CERTIFICATE OF STATUS DESIRED

1	2	3	4
Name of Officer or Director	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
V	FERENCZ, CATALIN	7711 DICKENS AVE #3	MIAMI BCH., FL
S/T	ALTSZYLER, ABRAHAM	7711 DICKENS AVE #1	MIAMI BCH., FL
P	MODIA, DAVID	7711 DICKENS AVE #2	MIAMI BCH., FL
			40000001341141 MIAMI BEACH, FL 33141-2028 ****
			WE 9/14/92

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
**MODIA, DAVID
7711 DICKENS AVE. #2
MIAMI BEACH, FL 33141**

8. Name and Address of New Registered Agent
81 Name
82 Street Address 1 (Do NOT Use P.O. Box Number)
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City
85 Zip Code

9. I, the undersigned, a resident of this state (or, if a resident of another state, I am authorized by the above named corporation to submit this statement on its behalf), hereby certify that the information furnished herein is true and correct in all respects and that I am duly authorized by the corporation's board of directors to execute this statement and accept the obligations of Section 607.0506, Florida Statutes.
David Modia DATE **9-2-92**

10. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

11. I, the undersigned, certify that the information furnished herein is true and accurate and that my signature shall have the same legal effect as if I were the duly authorized officer or trustee of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes.
SIGNATURE *Abraham Altszyler* DATE **9-2-92**
ABRAHAM ALTSZYLER **TREASURER** (305) 864-8140

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

File Now. Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
JANUARY 1994
TALLAHASSEE, FLA.
FLDO

1. Name and Mailing Address of Corporation (4)
7711 DICKENS AVE., CONDOMINIUM, INC.
7711 DICKENS AVE # 2
MIAMI BEACH FL 33141-2028

N11000004269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/06/1977		3a. Date of Last Report 09/14/1992	
4. FEI Number 128440571		Applied For Not Applicable	
5. Certificate of Status Owed \$8.75		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
7. Nonprofit under IRS 501(c)(3) Tax Exempt Status Fee Not Required		8. This corporation has liability for intangible tax under S 194.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

11. Name and Address of Current Registered Agent MODIA, DAVID 7711 DICKENS AVE. #2 MIAMI BEACH FL 33141		11. Name 11.1 Name 11.2 Street Address (P.O. Box Number is Not Acceptable) 11.3 City 11.4 State 11.5 Zip Code 11.6 Country	
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12. Signature of the person authorized to execute this report and the signature of the registered agent or trustee, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby certify that the information furnished is true and correct and I accept the provisions of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGE	
12.1 NAME V FERENCZ, CATALIN 7711 DICKENS AVE #3 MIAMI BCH. FL	12.2 ADDRESS 7711 DICKENS AVE #3 MIAMI BCH. FL	13.1 NAME V FERENCZ, CATALIN 7711 DICKENS AVE #3 MIAMI BCH. FL	13.2 ADDRESS 7711 DICKENS AVE #3 MIAMI BCH. FL
12.1 NAME S/T ALTSZYLER, ABRAHAM 7711 DICKENS AVE #1 MIAMI BCH. FL	12.2 ADDRESS 7711 DICKENS AVE #1 MIAMI BCH. FL	13.1 NAME S/T ALTSZYLER, ABRAHAM 7711 DICKENS AVE #1 MIAMI BCH. FL	13.2 ADDRESS 7711 DICKENS AVE #1 MIAMI BCH. FL
12.1 NAME P MODIA, DAVID 7711 DICKENS AVE #2 MIAMI BCH. FL	12.2 ADDRESS 7711 DICKENS AVE #2 MIAMI BCH. FL	13.1 NAME P MODIA, DAVID 7711 DICKENS AVE #2 MIAMI BCH. FL	13.2 ADDRESS 7711 DICKENS AVE #2 MIAMI BCH. FL
12.1 NAME	12.2 ADDRESS	13.1 NAME	13.2 ADDRESS
12.1 NAME	12.2 ADDRESS	13.1 NAME	13.2 ADDRESS
12.1 NAME	12.2 ADDRESS	13.1 NAME	13.2 ADDRESS
12.1 NAME	12.2 ADDRESS	13.1 NAME	13.2 ADDRESS
12.1 NAME	12.2 ADDRESS	13.1 NAME	13.2 ADDRESS
12.1 NAME	12.2 ADDRESS	13.1 NAME	13.2 ADDRESS

14. I, the undersigned, certify that the information furnished in this report is true and accurate and that my signature shall have the same legal effect as if I were the person who signed the report. I hereby certify that the information furnished is true and correct and I accept the provisions of Chapter 607.0505, Florida Statutes.

SIGNATURE *Abraham Altszyler* DATE **3-28-93**
ABRAHAM ALTSZYLER TITLES **TREASURER** Original Telephone Number **(305) 864-8140**