# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:25

DOCUMENT # N26893 (0)

1. Corporation Name
GREATER SEVENTH AVENUE IMPROVEMENT ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % BUDGET OPTICAL<br>10992 NORTHWEST 7TH AVE<br>MIAMI FL 33168<br>US | % BUDGET OPTICAL<br>10992 NORTHWEST 7 AVE.<br>MIAMI FL 33168<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1988
3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0085243 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GITLAN
% BUDGET OPTICAL
10992 NORTHWEST 7TH AVE
MIAMI FL 33168

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHAFMEISTER, VINCENT J | 1.2 NAME | |
| STREET ADDRESS | 1100 NORTHWEST 95TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PICHETTE, PIERRE | 2.2 NAME | |
| STREET ADDRESS | 2460 NE 136TH TERR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | COBO, BLANCA | 3.2 NAME | |
| STREET ADDRESS | 13490 NW SEVENTH AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | O ☒ Change ☐ Addition |
| NAME | PRADA, JOSE | 4.2 NAME | JOHN DUTY |
| STREET ADDRESS | 13635 NW SEVENTH AVE. | 4.3 STREET ADDRESS | 620 WEST 27 ST (REPLACES JOSE PRADA) |
| CITY-ST-ZIP | NORTH MIAMI FL | 4.4 CITY-ST-ZIP | HIALEAH, FL 33010 |
| TITLE | TD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | GITLIN, RON | 5.2 NAME | |
| STREET ADDRESS | 10992 NW SEVENTH AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | O ☒ Change ☐ Addition |
| NAME | IRVING, LEEF | 6.2 NAME | DOROTHY HART |
| STREET ADDRESS | 12801 NW SEVENTH AVE. | 6.3 STREET ADDRESS | 9301 NORTHWEST 7 AVENUE |
| CITY-ST-ZIP | NORTH MIAMI FL | 6.4 CITY-ST-ZIP | MIAMI, FL 33150 (REPLACES IRVING LEEF) |

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** x _____ Ronald Gitlan 2/7/95 305-754-5894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044081