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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

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N95000000610 (4)

MANAGET	CORPORAT	ION
MIVNEI	GURPURAL	IL JN

Principal Place	of Business	Mailing Address				A HOMINION DEG HOUSE DINNI DON			
·		•	150 WEST FLAGLER STREET			•			
MUSEUM TOWER STE. 2950		MUSEUM TOWER STE. 29:	MUSEUM TOWER STE. 2950						
MIAMI FL 33	130	MIAMI FL 33130			3.	Date Incorporated or Qualifi	ied 3a D	ate of Last	t Report
					"	02/06/1995	, , , ,	210 01 200	СПороп
2. Principal Pla	ace of Business	2a. Mailing Address			4.	FEI Number			Applied For
21		26			4	,5-05846	36		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	5 []		5 Additional
City & Chate			27 City & State			Fee Required			
City & State		City & State			6.	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			•
Zip	Country	Žip	Country			This corporation has liability	for intensible t		
24	25	29	0		•	Florida Statutes	Yes [J. 100.002,
	Name and Address of Curren	t Registered Agent			10.	Name and Address of Ne	w Registered	Agent	
			81	Name		.131			
	ON, PAUL J ESQ.		82			O. Box Number is Not Acce	ptable)		
	162ND STREET					16 LER ST #29			
STE 20			83						
, NO. MIA	MI BEACH FL 33162		84	City	•			85 Z	ip Code
11.6	$\overline{}$	1017 1555 5		MIR			FL	- 1 13	33137)
11. Pursuant 1 or register	to the provisions of Sectors 17,0502 red agent, or both, in the State of Hord th, and a Cast the abligation of Secti	and 617.1508, Florida Statutes, t la. Such change was authorized b	the above-r	named co oration's	orporation s board of di	ubmits this statement for the rectors. I hereby accept the	e purpose of ch appointment as	anging its registere	registered office d acent. I am
familiar wi	th, and accept the colligations of sections	on 617.0503, Florida Statutes.				,	- 1.11	01	
SIGNATURE: .	Signalule, typed or plinted name stregistered agent	and the if applicable. INOTE: F	Tendeter of Asses		required when re		2)141	96	
12.	OFFICERS AND	1	13.	it signature r	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECT	ORS IN 12
TITLE	STD	DELETE	1.1 TITLE		<u> </u>	7 10-11-11-11-11-11-11-11-11-11-11-11-11-1	OTT TOCK TO THE	Change	
NAME	LEVY, MARK		1.2 NAME					_ '	_
STREET ADDRESS	150 WEST FLAGLER STREET	STE. 2950	1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33130		1.4 O(TY - S	T-ZIP				÷	
TITLE	VD	□ DE LETE	21 TITLE		42	. 1	***************************************	Change	Addition
NAME	COLEY, LYNN		2 2 NAME		COLL	extityn			
STREET ADDRESS	120 WEST 5TH STREET		2.3 STREET	ADDRESS	119 8	. Court 6+.	4		
CITY-ST-ZIP	CINCINNATI OH 45202 VD	Macres	2. 4 CITY - S	ST-ZIP	CINCI	mati, OH	4620		
TITLE	CARTER, GREG	[_]DELETE	3.1 TITLE					Change	☐ Addition
NAME	12825 FIRST AVENUE SOUTH	4	3 2 NAME						
STREET ADDRESS	SEATTLE WA 98168	1	33 STREET						
CITY-ST-ZIP TITLE	PD	["]DELETE	3.4. O(TY-5 4.1 TITLE	51-211	 			☐ Change	[] Addition
NAME	PHILLIPS, GORDON J		4. 2 NAME						
STREET ADDRESS	130 ADELAIDE STREET WEST	r 35th floor	4.3 STREET	ADDRESS					
CITY-ST-ZIP	TORONTO ONTARIO CANADA		4.5 CITY-S						
TITLE		☐ DELETE	51 TITLE		1	······································		Change	Addition
NAME	HANSON, GERALD		52 NAME						
STREET ADDRESS	200 RENAISSANCE CENTER	STE. 655	5.3 STREET	ADDRESS		1000018 -05/24/960	9379	21	
CITY-ST-ZIP	DETROIT MI 48243		54 CITY-S	T-ZiP			J10170	39	
TFILE	D	DELETE	61 TITLE			***61.25		Change	Addition
NAME	FINK, RALPH	4500	62 NAME						
STREET ADDRESS	24 WEST 40TH STREET STE.	1500	6.3 STREET	ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10018	ullis Alia Aliana in tratamanta di mistra	6.4 CITY-S	T-ZIP	nlés for the	womention stated in Occiden	110.02/0003 5:	adala Otto	
certify that	by certify that the information supplied vot the information indicated on this applied in am an officer or director of the control Block 12 or Block 3 inchanges, of the	viut mis tiling is voluntarily turnishe ial report or supplemental annual	eu and doe report is tru	s not qua le and ac	anty for the courate and	exemption stated in Section that my signature shall have	the same lega	orida Statu Leffect as	леs. I further if made under
oath; that appears in	i am an officer or director of the corto n Block 12 or Block 13 ill changed. d	ration or the receiver or trustee er in an attachment with an address	npowered (i.	to execut	te this repor	1 as required by Chapter 61	7, Florida Statu	les; and th	nat my name
1		¥./				/3 I			

SIGNATURE:/ YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEVY

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