

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004343 (9)**

1. Corporation Name

CRESCENT HEIGHTS XXVIII, INC.

Principal Place of Business

Mailing Address

**999 WASHINGTON AVE
MIAMI BEACH FL 33139**

**999 WASHINGTON AVE
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0368642

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. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILING INC
3732 NW 18 STREET
MIAMI BEACH FL 33311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Abraham A. Coulbut

999 Washington Ave

Miami Beach

FL

33139

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 acknowledge the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and who is applicable)

(NOTE: Registered Agent signature required when re-registering)

4/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KAHN, SONNY
STREET ADDRESS	999 WASHINGTON AVE
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	D
NAME	GALBUT, RUSSELL
STREET ADDRESS	999 WASHINGTON AVE
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	SILVANO DACHOW
NAME	999 WASHINGTON AVE
STREET ADDRESS	MIAMI BEACH, FL 33139
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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

SILVANO DACHOW 4-3-95 305-374-5700