

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

95 JUL -6 AM 8:32

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra O. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000006247 (9)

1. Corporation Name

82ND ST. PROPERTIES CORP.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**319 NW. 25TH STREET
 MIAMI FL 33127**

Mailing Address
**319 NW. 25TH STREET
 MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1993	3a. Date of Last Report 03/22/1994
4. FEI Number 65-0465204	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Have you Campaign Finance or Trust Fund Contribution? ☐	\$5.00 May Be Added to Fees
7. Does corporation have liability for interstate tax under s. 190.002, Florida Statutes? ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Country	Country
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 of new registered agent on this form only. (Signature of registered agent required when reappointing)

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENT	
TITLE	PS	1. TITLE	☐ Change ☐ Addition
NAME	HABIF, MORENO	2. NAME	
STREET ADDRESS	319 NW 25TH STREET	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33127	4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(A), Florida Statutes. I further certify that the information exhibited 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 of this form. (An officer or director must furnish an address.)

SIGNATURE: _____ **6-30-95**
 SIGNATURE MUST BE ON PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

CR2E034 (3/95)