

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

APPROVED AND FILED **32743**

CORPORATION
ANNUAL REPORT
1995



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

95 FEB 28 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000013065 (6)**

1. Corporation Name

90 S.W. 8TH ST. ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1110 BRICKELL AVE.
SUITE 430
MIAMI FL 33131**

3. Date Incorporated or Qualified **02/19/1993** 3a. Date of Last Report **02/14/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **65-0398779** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEAVITT, HAROLD O
1110 BRICKELL AVENUE
SUITE 430
MIAMI FL 33131**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD**
NAME **LEAVITT, H.O.**
STREET ADDRESS **1110 BRICKELL AVE, SUITE 450**
CITY, ST., ZIP **MIAMI FL 33131**

1. TITLE **PD** Change Addition
2. NAME
3. STREET ADDRESS **1110 BRICKELL AVE, SUITE 430**
4. CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. 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 (7)(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: *H.O. Leavitt* **H.O. LEAVITT** **2/23/95** **(305)371-6053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR