

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED
95 APR 17 11:10-11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021491 (4)

1. Corporation Name

HARDING POINT APARTMENTS, INC.

Principal Place of Business

1031 N. MIAMI BEACH BLVD.
ROSENTHAL, ROSENTHAL & RASCO
N. MIAMI BEACH FL 33182

Mailing Address

18409 W DIXIE HWY
N MIAMI BCH FL 33100
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/18/1993** 3a. Date of Last Report **04/15/1994**

4. FEI Number **65-0398011** Applied For Not Applicable

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

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

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

2. Principal Place of Business

21 **18409 W. DIXIE HWY**

Suite, Apt. #, etc.

22

City & State

23 **A. MIAMI BCH FL.**

Zip

24 **33160**

Country

25 **33160**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29 **33100**

Country

30

9. Name and Address of Current Registered Agent

ROSENTHAL, KERRY E
1031 N. MIAMI BEACH BLVD.
N. MIAMI BEACH FL 33182

10. Name and Address of New Registered Agent

81 Name **SHLOMO ATTAS**
82 Street Address (P.O. Box Number is Not Acceptable) **18409 W. DIXIE HWY**
83
84 City **A. MIAMI BCH FL** 85 Zip Code **33160**

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]

[Signature] **SHLOMO ATTAS**

DATE

4/11/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ATTAS, SHLOMO
STREET ADDRESS	18409 W DIXIE HWY
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	D
NAME	BOUGANIM
STREET ADDRESS	18409 W DIXIE HWY
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	D
NAME	COHEN, DANIEL
STREET ADDRESS	2148 NE 182ND ST
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(b), 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]

[Signature] **SHLOMO ATTAS** **4/11/95** **937-2120**