SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000026164 (2)**

1. Corporation Name

PROPERTY OWNERS OF BRIARWOOD INC.

Principal Place of Business	Mailing Address
800 BRICKELL AVE SUITE 902 MIAMI FL 33131	800 BRICKELL AVE SUITE 902 MIAMI FL 33131

3. Date Incorporated or Qualified: **04/05/1993**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0391715** ☐ 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. 199.032 Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o DAVID M. ADELMAN	26 c/o Paul Berlin.
Suite, Apt. #, etc 22 19600 NE 23 Ave	Suite, Apt. #, etc 27 12901 SW 15 Ct, #V212
City & State 23 North Miami Beach	City & State 28 Pembroke Pines, Fl
Zip 24 33180	Country 25 Dade
	29 33026
	Country 30 Broward

9. Name and Address of Current Registered Agent

BERLIN, PAUL
12901 S.W. 15 CT.
APT V-212
PEMBROKE PINES FL 33026

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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D S	☐ DELETE	11 TITLE	Sec. & D	☒ Change ☐ Addition
NAME	BERLIN, SOPHIE		12 NAME	Berlin, Sophie	
STREET ADDRESS	12901 SW 15 CT #V212		13 STREET ADDRESS	12901 SW 15 Ct, #V212	
CITY-ST-ZIP	PEMBRIKE PINES FL 33026		14 CITY-ST-ZIP	Pembroke Pines, Fl 33026	
TITLE	D	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MORRISON, TONY		22 NAME		
STREET ADDRESS	5851 HOLMBERG RD #2615		23 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BERLIN, PAUL		32 NAME		
STREET ADDRESS	12901 SW 15 CT #V212		33 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		34 CITY-ST-ZIP		
TITLE	V T	☐ DELETE	41 TITLE	TRES, D	☒ Change ☐ Addition
NAME	ADELMAN, DAVID DR		42 NAME	ADELMAN, DAVID DR	
STREET ADDRESS	16680 NE 10 AVE		43 STREET ADDRESS	16680 NE 10 Ave	
CITY-ST-ZIP	N MIAMI BEACH FL 33162		44 CITY-ST-ZIP	North Miami Beach Fl	
TITLE	T V.P.	☐ DELETE	51 TITLE	V.PRES, D	☒ Change ☐ Addition
NAME	MENCELS, MICHAEL		52 NAME	MENDELS, Michael	
STREET ADDRESS	PO BOX 770245 N/A		53 STREET ADDRESS	P.O. Box 770245	
CITY-ST-ZIP	CORAL SPRINGS FL		54 CITY-ST-ZIP	Coral Springs, Fl	
TITLE	SD	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	CASPER, CHARLES		62 NAME		
STREET ADDRESS	11821 NW 29 MANOR		63 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33323		64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ TRES 7/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

CP