

**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 # P93000066544 (6)

1. Corporation Name

1465 - 110TH STREET, INC.



Principal Place of Business

Mailing Address

**12201 NW 7TH AVE
MIAMI FL 33168**

**12201 NW 7TH AVE
MIAMI FL 33168**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

3. Date Incorporated or Qualified

09/24/1993

3a. Date of Last Report

08/11/1995

4. FEI Number

65-0580718

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

9. Name and Address of Current Registered Agent

**DIAMOND, ARISTOLTE
12201 NW 7TH AVE
MIAMI FL 33168**

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

Signature typed or printed name of registered agent and authorized representative

(P.O. Box Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D DIAMOND, ARISTOLTE**
STREET ADDRESS **12201 NW 7TH AVE**
CITY - ST - ZIP **MIAMI FL 33168**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
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TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Change Addition

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

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

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

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

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (3/96)