

**REGISTRATION
ANNUAL REPORT
1995**

Division of Corporations
Secretary of State
Tallahassee, Florida

FILED

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DOCUMENT # P93000079900 (5)

1. Corporation Name:
NORTH MIAMI BEACH COMMERCE CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**801 NORTHEAST 167 STREET
SUITE 310
N. MIAMI BEACH FL 33162
US**

Mailing Address
**801 NORTHEAST 167 STREET
SUITE 310
N. MIAMI BEACH FL 33162
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1993** 3a. Date of Last Report **08/19/1994**

4. FEI Number **65-0465864** 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. Suits, Apt. #, etc. 26. Suits, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**LENARD, HOWARD B
801 NORTHEAST 167 STREET
SUITE 310
N. MIAMI BEACH FL 33162**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

PD
TITLE: **KURZMAN, JOHN**
NAME: **801 NORTHEAST 167 STREET, SUITE 310**
STREET ADDRESS: **N. MIAMI BEACH FL**
CITY-ST-ZIP:

VD
TITLE: **HOCHHAUSER, PAUL**
NAME: **801 NORTHEAST 167 STREET, SUITE 310**
STREET ADDRESS: **N. MIAMI BEACH FL**
CITY-ST-ZIP:

TD
TITLE: **LENARD, HOWARD B**
NAME: **801 NORTHEAST 167 STREET, SUITE 310**
STREET ADDRESS: **N. MIAMI BEACH FL**
CITY-ST-ZIP:

SD
TITLE: **KURZMAN, RHODA**
NAME: **801 NORTHEAST 167 STREET, SUITE 310**
STREET ADDRESS: **N. MIAMI BEACH FL**
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rhoda Kurzman* 4/25/95 (905) 945-4100
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Type Here)

Rhoda Kurzman