

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000081475 (4)

1. Corporation Name

RICHELIEU TOWERS (4), INC.

Principal Place of Business

**8900 COLLINS AVE
SURFSIDE FL 33154**

Mailing Address

**8900 COLLINS AVE
SURFSIDE FL 33154**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 R. Abe Blankenstein

Suite, Apt. #, etc.

22 1183 A. Finch Ave, W

City & State

23 Downsview, Ontario

Zip

24 M3J 2G2

25 Canada

2a. Mailing Address

26 2875 N.E. 191st Street

Suite, Apt. #, etc.

27 Suite 404

City & State

28 N. Miami Beach

Zip

29 33180

Country

30 Florida

4. FEI Number

APPROVED FOR 65-0482777

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

**REINHARD, SANFORD N
2875 NE 191ST ST
SUITE 404
NORTH MIAMI BEACH FL 33180**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **REINHARD, SANFORD N**
STREET ADDRESS **2875 NE 191ST ST, SUITE 404**
CITY - ST - ZIP **NORTH MIAMI BEACH FL 33180**

TITLE **President - Director**
NAME **R. Abe Blankenstein**
STREET ADDRESS **1183 A. Finch Ave, W**
CITY - ST - ZIP **Downsview, Ontario M3J 2G2**

TITLE **Secretary - Director**
NAME **Joseph Fialkov**
STREET ADDRESS **1183 A. Finch Ave, W**
CITY - ST - ZIP **Downsview, Ontario M3J 2G2**

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 ☐ 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Abe Blankenstein

APRIL 12 1995

(305) 932-7555