FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 28 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081498 (6)

1. Corporate Name
RICHELIEU TOWERS (11), 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
24 Zip M3J 2G2
25 Country Canada

2a. Mailing Address
26 2875 N.E. 191st Street
Suite, Apt. #, etc.
27 Suite 404
City & State
28 N. Miami Beach
29 Zip 33180
30 Country Florida

4. FEI Number
~~APPLIED FOR~~ 65-0482823
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 of Registered Agent or Registered Agent's Duly Authorized Attorney — Print Registered Agent or Attorney Name — 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 19	
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 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 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 manager or trustee authorized to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attached sheet with an asterisk.

SIGNATURE: APRIL 12, 1995 (305) 932-7555
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR
R. Abe Blakenstein

0183327 CP