

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000081501 (7)

1. Corporation Name

RICHELIEU TOWERS (12), 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

4. FEI Number

APPLIED FOR 65-0482821

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

21 R. Abe Blankenstein

Suite, Apt. #, etc.

22 1183 A. Finch Ave, W

City & State

23 Downsview, Ontario

Zip

24 M3J 2G2

Country

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

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 resigning)

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 I do 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 authorized 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:

R. Abe Blankenstein

APRIL 12 1995

(305) 932-7555