

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000081501 (7)**

1. Corporation Name

RICHELIEU TOWERS (12), INC.



Principal Place of Business

Mailing Address

**C/O R. ABE BLANKENSTEIN
1183 A. FINCH AVE. W.
DOWNSVIEW ON M3J2G2
48 CANADA**

**2875 N.E. 191ST STREET
STE 404
NORTH MIAMI BEACH FL 33180
US**

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

04/26/1995

4. FEI Number

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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, name of agent, date

DATE: Registered Agent's signature required when changing

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
BLANKENSTEIN, R. A**
STREET ADDRESS **1183 A. FINCH AVE. W.**
CITY-STATE-ZIP **DOWNSVIEW ON**

TITLE ☐ DELETE

NAME **SD
FIALKOV, JOSEPH**
STREET ADDRESS **1183 A. FINCH AVE. W.**
CITY-STATE-ZIP **DOWNSVIEW ON**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY-STATE-ZIP

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 12 1996

932-7505
Daytime Phone #

CR2E034 (12/95)