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 26 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081505 (8)**

1. Corporation Name
RICHELIEU TOWERS (14), INC.

Principal Place of Business	Mailing Address
9100 COLLINS AVE SURFSIDE FL 33154	9100 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 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

4. FEI Number APPLIED FOR 65-0482790 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	REINHARD, SANFORD N	12 NAME	
STREET ADDRESS	2875 NE 191ST ST, SUITE 404	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	14 CITY-ST-ZIP	
TITLE	President - Director	21 TITLE	☐ Change ☐ Addition
NAME	R. Abe Blankenstein	22 NAME	
STREET ADDRESS	1183 A. Finch Ave, W	23 STREET ADDRESS	
CITY-ST-ZIP	Downsview, Ontario M3J 2G2	24 CITY-ST-ZIP	
TITLE	Secretary - Director	31 TITLE	☐ Change ☐ Addition
NAME	Joseph Fialkov	32 NAME	
STREET ADDRESS	1183 A. Finch Ave, W	33 STREET ADDRESS	
CITY-ST-ZIP	Downsview, Ontario M3J 2G2	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: _____ APR 12 1995 (305) 932-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

R. Abe Blankenstein

0163311 CP