

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000087430 (3)

1. Corporation Name

700 CORP.



Principal Place of Business

700 N. ATLANTIC BLVD.  
FT. LAUDERDALE FL 33304

Mailing Address

% LERMAN AND LERMAN  
48 FLAGLER ST. PH #101  
MIAMI FL 33131

3. Date Incorporated or Qualified  
12/22/1993

3a. Date of Last Report  
05/01/1995

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

4. FEI Number

65-0370256

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

10. Name and Address of New Registered Agent

LERMAN, JORGE  
48 EAST FLAGLER ST. (PH 101)  
PH 101  
MIAMI FL 33131

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 (if registered agent is not the corporation)

Signature of Registered Agent (signature must be registered)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | P                        | <input type="checkbox"/> DELETE            |
| NAME           | BERGER, HARRY            |                                            |
| STREET ADDRESS | 48 E. FLAGLER ST.        |                                            |
| CITY-STATE-ZIP | MIAMI FL 33141           |                                            |
| TITLE          | VPD                      | <input type="checkbox"/> DELETE            |
| NAME           | BRYSKI, ARON             |                                            |
| STREET ADDRESS | 48 E. FLAGLER ST.        |                                            |
| CITY-STATE-ZIP | MIAMI FL                 |                                            |
| TITLE          | VPD                      | <input type="checkbox"/> DELETE            |
| NAME           | BERGER, JOSEF            |                                            |
| STREET ADDRESS | 48 E. FLAGLER ST.        |                                            |
| CITY-STATE-ZIP | MIAMI FL                 |                                            |
| TITLE          | VPD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | BURRELL, BRUCE           |                                            |
| STREET ADDRESS | 48 E. FLAGLER ST.        |                                            |
| CITY-STATE-ZIP | MIAMI FL                 |                                            |
| TITLE          | SD                       | <input type="checkbox"/> DELETE            |
| NAME           | LERMAN, JORGE            |                                            |
| STREET ADDRESS | 48 E. FLAGLER ST. PH 101 |                                            |
| CITY-STATE-ZIP | MIAMI FL                 |                                            |
| TITLE          | TD                       | <input type="checkbox"/> DELETE            |
| NAME           | LERMAN, ISIDORO          |                                            |
| STREET ADDRESS | 48 E. FLAGLER ST PH 101  |                                            |
| CITY-STATE-ZIP | MIAMI FL                 |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE LERMAN

4/16/96

Daytime Phone #

CR2E034 (12/95)