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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNL	JAL REPORT 1996	DIN	Sandra B. Mo- Secretary of t /ISION OF CORP	State	ONS					
1. Corporation	(No. 16	00001325	3 (7)							
EQUIT	Y ONE (MANDARIN) INC					1 1111111111111111111111111111111111111	ini dib il sa ise sa ise	AANI AANA NAAA M	18 11 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place	of Business	Ma ling Addre	00							
777 17TH STREET 777 17TH STREET MIAMI BEACH FL 33139 MIAMI BEACH FL 33139										
						3. Date Incorporate 02/09/199		3a. Date of La 05/01]
2. Principal Pla	ace of Business	2a. Mailing Ad	dress			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For	1
Suite, Apt. i	#, etc.	26 Suite, Apt.	# etc			65-04800	W		Not Applicable	-
22		27				5. Certificate of Sta	tus Desired		.75 Additional ee Required	
City & State		City & Stat	е			6. Election Campaig Trust Fund Conti			5.00 May Be	
Z(p)	Country 25	Zip 29	30	Country		8. This corporation Florida Statutes	has liability for in Yes		ers 199.032,	
	9. Name and Address of Cur	rent Registered Agen	it			10. Name and Add		_		┨
				81	Name					1
	S, ALAN J ESQ.			82	Street	Address (P.O. Box Number is	Not Acceptable	3)		-
	SISCAYNE BLVD.									
SUITE 3				83						
N. MIAW	II BEACH FL 33180			84	City			85	Zip Code	1
11. Pursuant to	o the provisions of Sections 607.05	02 and 607 1609 Flor	ido Ctotutos, the						•	ļ
or registere	ed agent, or both, in the State of Fi h, and accept the obligations of, Si	orida. Such change wa	s authorized by the	ne corpo	oration's	proporation submits this staten board of directors. I hereby a	nent for the purp accept the appoi	iose of changing intment as registe	its registered office ered agent. I am	1
SIGNATURE	it, airs accept the bullgations of, Si	ection 607,0505, Fibria	a Statutes.					_		
	Signature, typed or printed name of registered ag	gent and title I applicable	(NOTE: Registe	ered Agent	l signature re	equired when reinstating)	*	DATE		_
12.		AND DIRECTORS	1			ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIREC	CTORS IN 12	195
TITLE	PD	☐ Di	ELETE 1.	1 TITLE				☐ Chan	ge 🔲 Addition	CR2E034 (12/95)
NAME	KATZMAN, CHAIM	101105	1.3	2 NAME						8
STREET ADDRESS	771 17TH STREET, PENTH	100SE	1.3	3 STREET	ADDRESS					盟
City-St-ZiP	MIAMI BEACH FL V	F1.00		4 CITY - ST	- ZIP					2
TITLE	•	☐ DE	LEIE 2	1 TITLE				Chan	ge 🔲 Addition	ပ
NAME	VALERO, DORON 777 17TH STREET, PENTH	IOLIOE	2.3	2 NAME	- 1					
STREET ADDRESS		IOUSE	1	3 STREET A	- 1				ı	
CHY-ST-ZIP TITLE	MIAMI BEACH FL	r no		4 CHTY - ST	-ZIF					
NAME		☐ DE		1 TITLE	- 1			☐ Chan	ge Addition	İ
				2 NAME						İ
STREET ADDRESS				3. STREET	- 1					İ
CITY-S1-ZIP TILE		[] ne		CITY-ST	- ZIP					Į
NAME		[] OE		1 TITLE				Chan	ge 🔲 Addition	1
STREET ADDRESS				NAME						ĺ
CITY-SI-ZIP	. €			STREET A						l
TITLE		□ DE		CITY-ST	- ZIP		·	F3 5:	F-9 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ł
NAME				1 TITLE				☐ Chan	ge 🗌 Addition	l
STREET ADDRESS				NAME	Banes 1					i
CITY-ST-ZIP				STREET						i
TOLE		DE		CITY-ST	- ZIP					ĺ
NAME		یان در	n	1 TITLE 1 NAME				Chang	ge 🔲 Addition	ĺ
				INMINIC						i

14. I do hereby certry that the information supplied with this filing likyol certify that the information indicated on this annual report or supple eath; that I am an officer or director of the or portain or the refer appears in Block 12 or Block 13 if changed by pin an altachment or the refer to the policy of the polic furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further annual report is true and accurate and that my signature shall have the same legal effect as if made under stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

63 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF OFFICER OR DIRECTOR 305 672 1234