

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

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95 APR 25 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000021165 (3)**
1. Corporation Name
RICHELIEU TOWERS (18), INC.

Principal Place of Business Mailing Address
**2875 N.E. 191ST STREET, SUITE 404
N. MIAMI BEACH FL 33180** **2875 N.E. 191ST STREET, SUITE 404
N. MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
03/18/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 R. Abe Blankenstein	26 2875 N.E 191st Street	65-0482828	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 1183 A. Finch Ave, W	27 Suite 404	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 Downsview, Ontario	28 N. Miami Beach		
Zip	Country		
24 M3J 2G2	25 Canada		
Zip	Country		
29 33180	30 Florida		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RENHARD, SANFORD N 2875 N.E. 191ST STREET, SUITE 404 N. MIAMI BEACH FL 33180	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 officer 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 607.0503, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent required when changing agent)
DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENHARD, SANFORD N	1.2 NAME	
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 404	1.3 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH FL 33180	1.4 CITY ST ZIP	
TITLE	President - Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Abe Blankenstein	2.2 NAME	
STREET ADDRESS	1183 A Finch Ave	2.3 STREET ADDRESS	
CITY ST ZIP	Downsview Ontario M3J 2G2	2.4 CITY ST ZIP	
TITLE	Secretary - Director	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Fialkov	3.2 NAME	
STREET ADDRESS	1183 A Finch Ave, W	3.3 STREET ADDRESS	
CITY ST ZIP	Downsview, Ontario M3J 2G2	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of column 1, upon an attachment with an address.

SIGNATURE: _____ **APR 16 12 1995** (305) 932 7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. Abe Blakenstein