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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000027046 (9)**

1. Corporation Name

5757 COLLINS AVENUE REALTY CORPORATION

Principal Place of Business	Mailing Address
NANCY BECKER AND BARSHTER. POLIAKOFF 6161 BLUE LAGOON DRIVE MIAMI FL 33126 US	C/O NANCY BARSHTER BECKER AND POLIAKOFF 6161 BLUE LAGOON DRIVE MIAMI FL 33126 US

2. Principal Place of Business
21 5757 Collins Ave
22 Suite, Apt. #, etc.
23 City & State: M. B. Fla.
24 Zip: 33140
25 Country: U.S.A.

2a. Mailing Address
26 5757 Collins Ave
27 Suite, Apt. #, etc.
28 City & State: M. B. Fla
29 Zip: 33140
30 Country: U.S.A.

3. Date Incorporated or Qualified: **04/08/1994**

3a. Date of Last Report: **03/01/1995**

4. FEI Number: **65-0483993** ☐ 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

~~BARSHTER, NANCY (BECKER~~
~~6161 BLUE LAGOON DRIVE~~
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: DR. Bernard CANTOR
82 Street Address (P.O. Box Number is Not Acceptable): 5757 Collins Ave
83 #806
84 City: M. B FL 85 Zip Code: 33160

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X [signature] 4/3/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent must sign for himself or herself.) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~PINEDA, MARIA~~ ~~6161 BLUE LAGOON DRIVE~~ ~~MIAMI FL~~	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P.S. PATRICIA Pisano 5757 Collins Ave. M. B. Fl. 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CANTOR, BERNARD M 6161 BLUE LAGOON DRIVE MIAMI FL 33126	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	5757 Collins Ave. M. B. Fl. 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SALAZAR, JACQUELINE M 6161 BLUE LAGOON DRIVE MIAMI FL 33126	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	5757 Collins Ave M B Fl. 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PISANO, PAT 6161 BLUE LAGOON DRIVE MIAMI FL 33126	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: X [signature] 4/2/96 305/808-8457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)