

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 # P94000041818 (3)

1. Corporation Name

THE WOODS RENTAL APARTMENTS, INC.

Principal Place of Business

2375 NORTHEAST 173RD STREET
NO. MIAMI BEACH FL 33160

Mailing Address

4001 N 35 AVE
HOLLYWOOD FL 33021
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ATKINSON, WILSON C III
1946 TYLER STREET
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
08/10/1995

4. FEI Number

65-0493865

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

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 607.0532 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME SAADA, ABA
STREET ADDRESS 2375 NE 173RD STREET
CITY-STATE-ZIP NO. MIAMI BEACH FL 33160

1.2 NAME SAADA, ABE
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SAADA, REGINA Vice president
STREET ADDRESS 2375 NE 173RD STREET
CITY-STATE-ZIP NO. MIAMI BEACH FL 33160

2.2 NAME SAADA REGINA
2.3 STREET ADDRESS VICE PRESIDENT II
2.4 CITY-STATE-ZIP 2375 N.E. 173rd St
N.M.B. FL. 33160

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME President/Treasurer
STREET ADDRESS James L. Saada
CITY-STATE-ZIP 2375 NE 173RD STREET
N.M.B. FL 33160

3.2 NAME President/Treasurer
3.3 STREET ADDRESS JAMES L. SAADA
3.4 CITY-STATE-ZIP 2375 N.E. 173rd St
N.M.B. FL 33160

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME Vice President
STREET ADDRESS Philip F. Saada
CITY-STATE-ZIP 2375 NE 173rd Street
N.M.B. FL 33160

4.2 NAME Vice President
4.3 STREET ADDRESS Philip F. Saada
4.4 CITY-STATE-ZIP 2375 N.E. 173rd St
N.M.B. FL 33160

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 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

Date Daytime Phone #

CR2E034 (12/95)