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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000041818 (3)**

1. Corporation Name

THE WOODS RENTAL APARTMENTS, INC.



Principal Place of Business

**2375 N.W. 173RD ST
OFFICE
NO. MIAMI BEACH FL 33160
US**

Mailing Address

**4001 N 35 AVE
HOLLYWOOD FL 33021
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **2375 N.E. 173 ST**

Suite, Apt. #, etc.

22 **Office**

City & State

23 **North Miami Beach**

Zip

24 **33160**

Country

25 **U.S.A**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28 **Fla**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SAADA, REGINA
4001 N 35 AVE
HOLLYWOOD FL 33021**

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SAADA, ABE**
STREET ADDRESS **2375 NE 173RD STREET**
CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **SAADA, REGINA**
STREET ADDRESS **2375 NE 173RD STREET**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33160**

TITLE **President/Treasurer** ☐ DELETE

NAME **JAMES L. SAADA**
STREET ADDRESS **2375 N.E. 173rd Street**
CITY-ST-ZIP **N.M.B. Fla. 33160**

TITLE **Vicepresident** ☐ DELETE

NAME **Philip F. SAADA**
STREET ADDRESS **2375 N.E. 173rd Street**
CITY-ST-ZIP **N.M. Beach Fla 33160**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **SAADA ABE**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 **Regina Saada** **3-5-98-3059171521**

CR2E034 (10/97)