FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000043040 (2)

CREST	HAVEN EAST MANAGEME	:N1, INC.				HI dirir inh da h diga da h 168
Principal Plac	n of Business	Mailing Address			}	NEA Barra a aight be ach barra se ach a s s
,		1 SE 3RD AVENUE				
1 SE 3RD AVENUE 1 SE 3RD AVENUE SUITE 1500 SUITE 1500						
MIAMI FL 33131-1710 MIAMI FL 33131-1710				DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address			06/08/1994 4. FEI Number	
21 26					· · · · · · · · · · · · · · · · · · ·	Applied For
Suite, Apt.	#. etc.		Suite, Apt. #, etc.		65-0511705	Not Applicable 88.75 Additional
22	,	27			5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid th	ne current year Inlangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		St None C	10. Name and Address of New Regist	ered Agent
MESSING, ELLIOTT				INSIME &	ECHOTT MESSING	
2 GROVE ISLE DRIVE				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	T. #1010			83 / (= 2 Cel 0 / = =	· / C >
MIA	AMI FL 33133			°°	E 3 AVE SUITS	= 1500
				84 City ///	(IAM)	FI 85 Zin Code 2/
44 Pureupot	to the provisions of Castions 607.0	502 and 607 1509 Elorida Sta	tutos the a		rporation submits this statement for the purpo	
office or r	egisteredTugentAor both_in the Sta	ite of Florida. Such change wa	is authorize:	d by the corpora	ation's board of directors. I hereby accept the	e appointment as registered
agent. I a	m familiar with land popular the con	igations-of, Section 607.0505		タヤセ、 <i></i> ҁҁ៸ハ	C- 3/2019	V
SIGNATURE	Signature, typed or printed name of registered a		OI //	1 Agent signature requ	ulred when reinstating) D	ATE
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	☐ DELETE	1.1 Ti	ILE		Change Addition
NAME	MESSING, ELLIOTT		1.2 NA	IME)		,
STREET ADDRESS	2 GROVE ISLE DR #1010		1.3 \$1	REET ADDRESS	158 3M Ayre #1	ر می م
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY-ST-ZIP	MIAMI FUA	3313/
TITLE		☐ DELETÉ	2.1 10	TLF	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			2.2 NA	IME .		
STREET ADDRESS			2.3 S1	REET ADDRESS		
CITY-ST-ZIP		T Acces		TY-ST-ZIP		
TITLE		☐ DELETE	31 11	ľ		Change Addition
NAME			3.2 NA	1		
STREET ADDRESS			- 4	REET AUDRESS		
CITY-ST-ZIP TITLE		DECETE		TY-ST-ZIP		Change
		C) profit	4.1 7(1	J		Change Addition
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STREET ADDRESS				REE1 ADDRESS		
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NAME		- pettic	5.2 NA	Į.		C outside C Monitori
STREET ADDRESS				ME REET ADDRESS		
1				ì		
CITY-ST-ZIP TITLE		DELETE	6.4 CI	1Y-ST-ZIP		Change Addition
NAME		[_] bett (t	6.2 NA	1		⊏1 outubo ⊏1 voquoti
STREET ADDRESS				1		
SINCE! WOUNESS			0.350	REET ADDRESS		

14. Thereby 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 his 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 or an interchanged with an address.

SIGNATURE:

6.4 CHY - S1 - ZIP