

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 # P94000045226 (5)

1. Corporation Name

SOUTH BEACH BRONZE, INC.

Principal Place of Business

1461 COLLINS AVE  
MIAMI BEACH FL 33139

Mailing Address

1461 COLLINS AVE  
MIAMI BEACH FL 33139



2. Principal Place of Business

2a. Mailing Address

21 945 41<sup>st</sup> Street

26 945 41<sup>st</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 202

27 202

City & State

City & State

23 Miami Beach, FLA.

28 Miami Beach, FLA.

Zip

Zip

24 33140

29 33140

Country

Country

25 USA

30 U.S.A.

9. Name and Address of Current Registered Agent

CHARNEY, KEITH  
1461 COLLINS AVE  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0548528

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)

945 41<sup>st</sup> Street

83

Suite 202

84

City Miami Beach

FL

85 Zip Code

33140

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV  
NAME CHARNEY, KEITH  
STREET ADDRESS 1461 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE DST  
NAME CHARNEY, MARILYN  
STREET ADDRESS 1461 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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; that I am a 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

4/30/96

305-531-2992

Date

Daytime Phone #

CR2E034 (12/95)