

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

0204625

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90086 025 ***150.00

DOCUMENT # **P94000053729**

1. Corporation Name
CRESCENT HEIGHTS XLVI, INC.

Principal Place of Business
**999 WASHINGTON AVE.
MIAMI BEACH FL 33139**

Mailing Address
**999 WASHINGTON AVE.
MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

07/20/1994

4. FEI Number

65-0506103

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GALBUT, ABRAHAM A.
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

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 **KAHN, SONNY**
STREET ADDRESS **999 WASHINGTON AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ DELETE
NAME **GALBUT, RUSSELL**
STREET ADDRESS **999 WASHINGTON AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **T** ☐ DELETE
NAME **DACHOH, SHLOMO**
STREET ADDRESS **555 NE 15TH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VP** ☐ DELETE
NAME **GOLBUT, ABRAHAM A**
STREET ADDRESS **999 WASHINGTON AVENUE**
CITY-ST-ZIP **MIAMI BCH FL 33139**

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
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 **S**
3.3 STREET ADDRESS **Dachoh, Shlomo**
3.4 CITY-ST-ZIP **555 NE 15 street, 2nd Fl**
Miami, FL 33132

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 **T**
5.3 STREET ADDRESS **Gutierrez, Miguel**
5.4 CITY-ST-ZIP **555 NE 15 street, 2nd Fl**
Miami, FL 33132

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 with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 305 372 1155
Date Daytime Phone #

CR2E034 (11/98)