

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053730 (5)**

1. Corporation Name

CRESCENT HEIGHTS XLVII, 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

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

4. FEI Number

05-0505772

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81

Name

Abraham A. Galbut

82

Street Address (P.O. Box Number is Not Acceptable)

999 Washington Ave

83

84

City

Miami Beach

FL

85

Zip Code

33139

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. I, **Abraham A. Galbut**, being duly sworn, depose and say that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and acknowledge the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

Abraham A. Galbut

4/17/95

(Signature, typed or printed name of registered agent or officer if applicable)

(NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

**D
KAHN, SONNY
999 WASHINGTON AVE.
MIAMI BEACH FL 33139**

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

**D
GALBUT, RUSSELL
999 WASHINGTON AVE.
MIAMI BEACH FL 33139**

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

**SHLOMO DACHOIT
999 WASHINGTON AVE.
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST., ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST., ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST., ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST., ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST., ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST., ZIP

☐ Change

☐ Addition

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 118.07(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

SHLOMO DACHOIT

Date

4-3-95

Signature Printed Name

305-374-5700