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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000054405 (3)**

1. Corporation Name

**EMBERS OF SOUTH BEACH, INC.**

Principal Place of Business
930 WASHINGTON AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139

Mailing Address
930 WASHINGTON AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 07/21/1994

3a. Date of Last Report:

2. Principal Place of Business
21 1661 MERIDIAN AVE
Suite, Apt. #, etc. 22
City & State 23 MB FL
Zip 24 33139 Country 25 USA

2a. Mailing Address
26 1661 MERIDIAN AVE
Suite, Apt. #, etc. 27
City & State 28 MB, FL
Zip 29 33139 Country 30 USA

4. FEI Number: 65-0527236 — 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

9. Name and Address of Current Registered Agent

POLISAR, STEVEN
930 WASHINGTON AVENUE
THIRD FLOOR
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~PTD~~ | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~[illegible]~~ | 1.2 NAME | |
| STREET ADDRESS | ~~930 WASHINGTON AVENUE, THIRD FLOOR~~ | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ~~MIAMI BEACH FL 33139~~ | 1.4 CITY - ST - ZIP | |
| TITLE | VD PRESIDENT | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | POLISAR, STEVEN | 2.2 NAME | |
| STREET ADDRESS | 930 WASHINGTON AVENUE, THIRD FLOOR | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL 33139 | 2.4 CITY - ST - ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHWARTZ, LARRY | 3.2 NAME | |
| STREET ADDRESS | 930 WASHINGTON AVENUE, THIRD FLOOR | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL 33139 | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | GOLD, MARK | 4.2 NAME | |
| STREET ADDRESS | 930 WASHINGTON AVENUE, THIRD FLOOR | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL 33139 | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 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:** _____ 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #

STEVEN POLISAR

0148316 CP