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 # **P94000054509 (2)**

1. Corporation Name

WEITZER SERENA LAKES TOWNHOMES, INC.

Principal Place of Business	Mailing Address
7900 MIAMI LAKES DR. W MIAMI LAKES FL 33016	7900 MIAMI LAKES DR. W MIAMI LAKES FL 33016

3. Date Incorporated or Qualified: **07/22/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 5901 NW 151 Street
Suite, Apt. #, etc.
22: Suite 120
City & State
23: Miami Lakes, FL
Zip 24: 33014 Country 25: USA

2a. Mailing Address
26: 5901 NW 151 Street
Suite, Apt. #, etc.
27: Suite 120
City & State
28: Miami Lakes, FL
Zip 29: 33014 Country 30: USA

4. FEI Number: **65-0505790** ☐ 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

BRAFMAN, HOWARD J
7900 MIAMI LAKES DR. W
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name: Weitzer, Harry
82 Street Address (P.O. Box Number is Not Acceptable): 5901 NW 151 Street
83: Suite 120
84 City: Miami Lakes **FL** 85 Zip Code: 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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] 3/22/96
(Date)

12. OFFICERS AND DIRECTORS

TITLE	DVS	☒ DELETE
NAME	BRAFMAN, HOWARD J	
STREET ADDRESS	7900 MIAMI LAKES DR. W	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DP	☒ DELETE
NAME	KISLAK, JAY I	
STREET ADDRESS	7900 MIAMI LAKES DR. W	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VAS	☒ DELETE
NAME	FENELLO, CAROL A.	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	DP	☐ Change ☒ Addition
32 NAME	Weitzer, Harry	
33 STREET ADDRESS	5901 NW 151 Street	
34 CITY-ST-ZIP	Miami Lakes, FL 33014	
41 TITLE	VP	☐ Change ☒ Addition
42 NAME	Burnside, Estelle	
43 STREET ADDRESS	5901 NW 151 Street	
44 CITY-ST-ZIP	Miami Lakes, FL 33014	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added above.

SIGNATURE: [signature] 3/22/96 (305) 819-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #