Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90017 018 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000057814**

1. Corporation Name

SEVENTY SECOND STREET CORP.

<b>4</b> .	TOLOGIO OTTILLI GOTT	•			
Principal Place	e of Business	Mailing Address		3 (MD)(MA) 150 18115 Bratt meste antis autri at	
2990 NW 24TH ST 1 S.E. 3 AVE.		1 S.E. 3 AVE.			
MIAMI FL 33142 STE 960			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33131			3. Date Incorporated or Qualifed	113 SPACE	
				08/04/1994	
2 Principal D	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
<del>-</del> ′	Tace of Business	— — · · ·		65-0598231	Not Applicable
21   26				\$8.75 Additional	
22 27 27			5. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
507	ENRIVADO LEGUE ALANI EGO		81 Name	ISLIE ALAN ROZENCU	AG. ESOL,
	ENWAIG, LESLIE ALAN, ESQ.			ress (P.O. Box Number is Not Acceptable)	
	E. 3RD AVE.				
STE			83		
MAN	vii FL 33131		84 City		85 Zip Code
				<b>F</b>	
	to the provisions of Sections 607.050	J2 and 607.1508, Florida Statutes	s, the above-hamed corpo	oration submits this statement for the purpose	of changing its registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	horized by the corporatio	on's board of directors. I nereby accept the ap	pointment as registered
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was autations of, Section 607.0505, Floridations of title if applicable.  (NOTE: F	nonzed by the corporation and statutes.  Registered Agent signature requires	on's board of directors. I nereby accept the ap	politiment as registered
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	of Florida. Such change was aut ations of, Section 607.0505, Florid and and title if applicable. (NOTE: F ND DIRECTORS	honzed by the corporation is Statutes.  Registered Agent signature required 13.	on's board of directors. I nereby accept the ap	AND DIRECTORS IN 12
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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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

REQUIRED SIGNATURE AND TYP SIGNING OFFICER OR DIRECTOR

6346865