

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

**DOCUMENT # P94000062420 (2)**

1. Corporation Name  
**M. LANDAU OF FLORIDA, INC.**



Principal Place of Business: **8540 NW 6 LANE #110 MIAMI FL 33126 US**  
 Mailing Address: **8540 NW 6 LANE #110 MIAMI FL 33126 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: **08/24/1994**  
 4. FEI Number: **65-0517552**  
 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 or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
**LANDAU, SILVIO M  
 8540 NW 6 LANE  
 SUITE 110  
 MIAMI FL 33126**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                            | DELETE                   |
|----------------------------|----------------------------|--------------------------|
| TITLE                      | <b>PSD</b>                 | <input type="checkbox"/> |
| NAME                       | <b>LANDAU, SILVIO M</b>    | <input type="checkbox"/> |
| STREET ADDRESS             | <b>8540 NW 6 LANE #110</b> | <input type="checkbox"/> |
| CITY-ST-ZIP                | <b>MIAMI FL</b>            | <input type="checkbox"/> |
| TITLE                      |                            | <input type="checkbox"/> |
| NAME                       |                            | <input type="checkbox"/> |
| STREET ADDRESS             |                            | <input type="checkbox"/> |
| CITY-ST-ZIP                |                            | <input type="checkbox"/> |
| TITLE                      |                            | <input type="checkbox"/> |
| NAME                       |                            | <input type="checkbox"/> |
| STREET ADDRESS             |                            | <input type="checkbox"/> |
| CITY-ST-ZIP                |                            | <input type="checkbox"/> |
| TITLE                      |                            | <input type="checkbox"/> |
| NAME                       |                            | <input type="checkbox"/> |
| STREET ADDRESS             |                            | <input type="checkbox"/> |
| CITY-ST-ZIP                |                            | <input type="checkbox"/> |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 STREET ADDRESS                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 CITY-ST-ZIP                                       |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 STREET ADDRESS                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 CITY-ST-ZIP                                       |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 STREET ADDRESS                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 CITY-ST-ZIP                                       |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 STREET ADDRESS                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 CITY-ST-ZIP                                       |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 STREET ADDRESS                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 CITY-ST-ZIP                                       |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 STREET ADDRESS                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 CITY-ST-ZIP                                       |  | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE: *[Signature]* **3/11/98 305-553-4333**

CR2E034 (10/97)