

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

PROFIT  
CORPORATION  
ANNUAL REPORT

19963-4-96



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

FILED

Mar 04 1996 8:00 am  
Secretary of State

DOCUMENT # P94000075701 (0)

1. Corporation Name

THIELMAN BAY ESTATES LIMITED, INC.

Principal Place of Business

Mailing Address

C/O LESLIE ALAN ROZENCWAIG, P.A.  
SUITE 3270, 1 BISCAYNE TOWER  
MIAMI FL 33131  
US

C/O LESLIE ALAN ROZENCWAIG, P.A.  
SUITE 3270, 1 BISCAYNE TOWER  
MIAMI FL 33131  
US

2. Principal Place of Business

21 C/O 1 S.E. 3RD AVE

Suite, Apt. #, etc.

22 STE 960

City & State

23 MIAMI, FLA

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 C/O 1 S.E. 3RD AVE.

Suite, Apt. #, etc.

27 STE. 960

City & State

28 MIAMI, FLA

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

10/14/1994

3a. Date of Last Report

05/23/1995

4. FEI Number

65-0559708

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

9. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3270, 1 BISCAYNE TOWER  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
82 LESLIE ALAN ROZENCWAIG, ESQ.

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

1 S.E. 3RD AVE. STE 960

84 City

MIAMI

FL

85 Zip Code

33131

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

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

1/26/96

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME  
DSPT  
BARTOLI, ERIC C/O LESLIE  
ONE BISCAYNE TOWER, SUITE 3270  
MIAMI FL

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

1.5 NAME

1.6 STREET ADDRESS

1.7 CITY - ST - ZIP

1.8 TITLE

1.9 NAME

1.10 STREET ADDRESS

1.11 CITY - ST - ZIP

1.12 TITLE

1.13 NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

1.17 NAME

1.18 STREET ADDRESS

1.19 CITY - ST - ZIP

1.20 TITLE

1.21 NAME

1.22 STREET ADDRESS

1.23 CITY - ST - ZIP

1.24 TITLE

1.25 NAME

1.26 STREET ADDRESS

1.27 CITY - ST - ZIP

1.28 TITLE

1.29 NAME

1.30 STREET ADDRESS

1.31 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME  
DSPT  
ERIC BARTOLI  
C/O 1 S.E. 3RD AVE. STE 960  
MIAMI, FLA 33131

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

1.5 NAME

1.6 STREET ADDRESS

1.7 CITY - ST - ZIP

1.8 TITLE

1.9 NAME

1.10 STREET ADDRESS

1.11 CITY - ST - ZIP

1.12 TITLE

1.13 NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

1.17 NAME

1.18 STREET ADDRESS

1.19 CITY - ST - ZIP

1.20 TITLE

1.21 NAME

1.22 STREET ADDRESS

1.23 CITY - ST - ZIP

1.24 TITLE

1.25 NAME

1.26 STREET ADDRESS

1.27 CITY - ST - ZIP

1.28 TITLE

1.29 NAME

1.30 STREET ADDRESS

1.31 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(305) 379-6100

CR2E034 (12/95)