

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000089410 (2)**

1. Corporation Name

**189 CORP.**

Principal Place of Business

**2875 NE 191ST ST  
AVENTURA FL 33180**

Mailing Address

**2875 NE 191ST ST  
AVENTURA FL 33180**



2. Principal Place of Business

2a. Mailing Address

|    |                     |         |    |                     |         |
|----|---------------------|---------|----|---------------------|---------|
| 21 | Suite, Apt. #, etc. |         | 26 | Suite, Apt. #, etc. |         |
| 22 | City & State        |         | 27 | City & State        |         |
| 23 | Zip                 | Country | 28 | Zip                 | Country |
| 24 |                     |         | 29 |                     |         |
|    | 25                  |         |    | 30                  |         |

9. Name and Address of Current Registered Agent

**PARELLO, R.J.  
2876 N.E. 191 ST STREET  
SUITE 400  
AVENTURA FL 32180**

|                                                                                                                                                  |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                                                                                | 3a. Date of Last Report                                        |
| <b>12/09/1994</b>                                                                                                                                | <b>10/16/1995</b>                                              |
| 4. FEI Number                                                                                                                                    | Applied For                                                    |
| <b>65-0567574</b>                                                                                                                                | <input type="checkbox"/> Not Applicable                        |
| 5. Certificate of Status Desired                                                                                                                 | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution                                                                                           | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                |
| 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

Signature of officer or director with jurisdiction in the State of Florida

NOTE: Signature of Agent must be provided for registration

Date of Signature

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>P</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>SOFFER, JEFFREY</b>          |                                 |
| STREET ADDRESS | <b>2875 N.E. 191 ST. STREET</b> |                                 |
| CITY-STATE-ZIP | <b>AVENTURA FL 33180</b>        |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-STATE-ZIP |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-STATE-ZIP |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-STATE-ZIP |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-STATE-ZIP |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

937-6200

CR2E034 (12/95)