

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 # **P94000091795 (2)**

1. Corporation Name
IVES NORTH, INC.



Principal Place of Business: **8181 N.W. 14TH ST. MIAMI FL 33126**
Mailing Address: **8181 N.W. 14TH ST. MIAMI FL 33126**

3. Date Incorporated or Qualified: **12/20/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 1400 N.W. 107 AVE. 22 5th Floor 23 Miami, Fl. 24 33172**
2a. Mailing Address: **26 1400 N.W. 107 AVE. 27 5th Floor 28 Miami, Fl. 29 33172**

4. FEI Number: **65-0541693**
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:
**LEVY, JOEL
8181 NW 14TH STREET
MIAMI FL 33126**

10. Name and Address of New Registered Agent:
81 Name: **Same**
82 Street Address (P.O. Box Number is Not Acceptable): **1400 N.W. 107 AVE. 5th Floor**
84 City: **Miami** FL 85 Zip Code: **33172**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	ADLER, MICHAEL M	
STREET ADDRESS	8181 N.W. 14TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	LEVY, JOEL	
STREET ADDRESS	8181 N.W. 14TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	ADLER, HERBERT	
STREET ADDRESS	8181 N.W. 14TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	1400 NW 107th AVE 5th FL		
1.4 CITY-ST-ZIP	MIAMI FL 33172		
2.1 TITLE	VP D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	1400 NW 107th AVE 5th FL		
2.4 CITY-ST-ZIP	MIAMI FL 33172		
3.1 TITLE	S D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	1400 NW 107th AVE 5th FL		
3.4 CITY-ST-ZIP	MIAMI FL 33172		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	500001810585	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	-05/07/96--01021--048		
5.4 CITY-ST-ZIP	***200.00		
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: *J. Levy* **4/30/96** **399-4010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)