

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # P94000093272 (0)

1. Corporation Name

BAL HARBOR ENTERPRISES, INC.



Principal Place of Business

P.O. BOX 520892
MIAMI FL 33152-0892

Mailing Address

P.O. BOX 520892
MIAMI FL 33152-0892

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

25

29

30

9. Name and Address of Current Registered Agent

HKES & F REGISTERED AGENT CORP.
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

3. Date Incorporated or Qualified

12/21/1994

3a. Date of Last Report

02/13/1995

4. FEI Number

65-0551161

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ 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 typed or printed name of registered agent and filed if applicable

DATE Registered Agent signature must be dated and dated

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	BIJAOU, CLAUDE	
STREET ADDRESS	3000 ISLAND BLVD. #2405	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	☒ DELETE
NAME	CASTELLISI, CHARLES	
STREET ADDRESS	290 174TH STREET #2001	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	☐ DELETE
NAME	FURIA, ARTHUR J	
STREET ADDRESS	2601 S. BAYSHORE DR. #600	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	D/PT	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP	33160	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	D/STAFF VP	☐ Change ☒ Addition
4.2 NAME	LION ANWICK	
4.3 STREET ADDRESS	3000 ISLAND BLVD. #2405	
4.4 CITY-STATE-ZIP	N. MIAMI BEACH - FL - 33160	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE BIJAOU

CR2E034 (12/95)