

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 MAY -2 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P95000031938 (0)

1. Corporation Name  
104TH STREET CAPITAL PARTNERS, INC.

Principal Place of Business

7855 S.W. 104 STREET  
SUITE 230  
MIAMI FL 33156

Mailing Address

1101 BRICKELL AVENUE  
SUITE 704  
MIAMI FL 33131-3149

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

06/27/1996

4. FEI Number

65-0585983

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KOENIGSBERG, JAY  
1101 BRICKELL AVENUE  
SUITE 704  
MIAMI FL 33131

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 text, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GOLDSTEIN, HOWARD L  
STREET ADDRESS 1001 S. BAYSHORE DRIVE, SUITE 1400  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME MOURIZ, GEORGE L  
STREET ADDRESS 7855 S.W. 104TH ST., SUITE 230  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME SALAZAR, GABRIEL  
STREET ADDRESS 7855 S.W. 104TH ST., SUITE 230  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME KOENIGSBERG, JAY  
STREET ADDRESS 1101 BRICKELL AVE. SUITE 704  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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

Date

Daytime Phone #

CR2E034 (9/96)