SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000065462 (0)**

1. Corporation Name
LANDMARK TOWERS APARTMENTS, INC.

Principal Place of Business	Mailing Address
1815 NE 187 STREET NORTH MIAMI BEACH FL 33179	1815 NE 187 STREET NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 601 NW 42 AVE
Suite, Apt #, etc. 22: 110
City & State 23: PLANTATION FL
Zip 24: 33317 Country 25: USA

2a. Mailing Address
26:
Suite, Apt #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0636415 ☐ 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

9. Name and Address of Current Registered Agent

MARCUS, ALAN J ESQ.
20803 BISCAYNE BLVD., SUITE 301
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name: CHAIM KLEIMAN
82 Street Address (P.O. Box Number is Not Acceptable): 20850 SAN SIMEON WAY
83:
84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33179

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] 6/11/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	MARCUS, ALAN J		12 NAME	CHAIM KLEIMAN	
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 301		13 STREET ADDRESS	20850 SAN SIMEON WAY	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180		14 CITY-ST-ZIP	N.M.B FL 33179	
TITLE		☐ DELETE	21 TITLE	PINCHAS ELKIN V.P	☐ Change ☒ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS	19880 NE 24 CT	
CITY-ST-ZIP			24 CITY-ST-ZIP	N.M.B FL 33180	
TITLE		☐ DELETE	31 TITLE	V.P	☐ Change ☒ Addition
NAME			32 NAME	MICHAEL SASONI	
STREET ADDRESS			33 STREET ADDRESS	1215 NE 187 ST	
CITY-ST-ZIP			34 CITY-ST-ZIP	N.M.B FL 33179	
TITLE		☐ DELETE	41 TITLE	V.P	☐ Change ☒ Addition
NAME			42 NAME	ISRAEL SASONI	
STREET ADDRESS			43 STREET ADDRESS	951 NE 149 ST	
CITY-ST-ZIP			44 CITY-ST-ZIP	N MIAMI 33161	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/11/96 (954) 587-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #