

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000083756 (3)**

1. Corporation Name

27TH AVENUE MANAGEMENT, INC.

Principal Place of Business

**1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131**

Mailing Address

**1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131-3132**

3. Date Incorporated or Qualified **11/01/1995** 3a. Date of Last Report **08/08/1996**

4. FEI Number **APPLIED FOR 65-0683957** 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 **4191 N.W. 26th St**

Suite, Apt. #, etc.

22 **Apt. 375**

City & State

23 **Lauderhill, FL**

Zip Country

24 **33313 U.S.A.**

2a. Mailing Address

26 **4191 N.W. 26th St**

Suite, Apt. #, etc.

27 **Apt 375**

City & State

28 **Lauderhill, FL**

Zip Country

29 **33313 U.S.A.**

9. Name and Address of Current Registered Agent

**LEVINE, ROBERT J
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Rattan Ramkisson**
82 Street Address (P.O. Box Number is Not Acceptable) **4191 N.W. 26th Street**
83 **Apt 375**
84 City **Lauderhill, FL** 85 Zip Code **33313**

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

Rattan Ramkisson

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTSD RAMKISSOON, RATTAN**
STREET ADDRESS **% 1110 BRICKELL AVE. 7TH FLOOR**
CITY- ST- ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PTSD Ramkisson, Rattan**
1.3 STREET ADDRESS **4191 N.W. 26th St, Apt. 375**
1.4 CITY- ST- ZIP **Lauderhill, FL 33313**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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. 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:

Rattan Ramkisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)