

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

DOCUMENT # **P95000095919 (3)**

1. Corporation Name

6345 INVESTMENTS, INC.



Principal Place of Business

**999 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**999 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/19/1995

3a. Date of Last Report

4. FEI Number

65-0626836

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

FILINGS, INC.

3732 N.W. 16TH STREET

FORT LAUDERDALE FL 33311

81 Name

ABRAHAM A GALBUT

82 Street Address (P.O. Box Number is Not Acceptable)

83

999 WASHINGTON AV.

84 City

MIAMI BEACH

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.0503 and 607.1505, 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 has been 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]

(NOTE: Registered Agent signature required when reinstating)

2/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **KAHN, SONNY**
STREET ADDRESS **999 WASHINGTON AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME **GALBUT, RUSSELL**
STREET ADDRESS **999 WASHINGTON AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME **MENIN, BRUCE**
STREET ADDRESS **999 WASHINGTON AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 registered agent or trustee and have not been removed from this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP. 2/20/96

Date

Daytime Phone #

CR2E034 (12/95)