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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015540 (3)

CITY HALL APARTMENTS, INC.

Principal Pla	ce of Business	Mailing Address			T HE STREET THE TOTAL DIVIN BEING EDKIL CENTRE CENTRICAL OF STATE CONTROL CONTROL CONTROL CONTROL
2441 N.E. 201ST ST. MIAMI FL 33180		2441 N.E. 201ST ST. MIAMI FL 33180-1837			
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
Suite Apt # etc		26			65-0643659 Applied For Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired Section Status Desired Fee Required
City & State 23		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζφ 24	Country 25	Zip 29	Count	y	8. This corporation has liability for interpetible tax under s. 199.032, Florida Statutes
• •	g. Name and Address of C		1901		10. Name and Address of New Registered Agent
ZA	ILA, MORRIS		8	Name	
244	41 N.E. 201ST ST.		8:	2 Street Add	Iress (P.O. Box Number is Not Acceptable)
MU	AMI FL 33180		8:	3	
			8	4 04	
			1	' '	FL 85 Zip Code
office or	registered agent, or both, in the	7.0502 and 607.1508, Florida Statu State of Florida Such change was obligations of Section 607.0505, F	authorized t	ov the corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature Typed or control failure of regula	evel arrent rest to a stand colde. (NIC)	16: Benistered A	ant sinner we requi	ired when reinstaling) DATE
12.		S AND DIRECTORS	13.	Serie orbinera a redo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZAILA, MORRIS		1.2 NAME		
STREET ADORESS			1.3 STREE	T ADDRESS	
CHY-ST ZIP	MIAMI FL 33180		1.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME.			2.2 NAME		
STREET ADDRESS CHTY-ST-ZiP			1	T ADDRESS	
TITLE		DELETE	2.4 CITY 3.1 TITLE		Change Addition
NAME		Month in and the	3.2 NAME		The straige Limit Musiki
STREET ADDRESS				T ADDRESS	
Caty - ST - ZIP			3.4. CITY	-ST-ZIP	
TIFLE	.,, .,,	DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAM		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CPTY - ST - 7IP			4.4 CITY	ST-ZIP	
Tiltē		DELETE	5.1 THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CHTY - ST - ZIP TITLE		☐ DELETE	5.4 City -	ST-ZIP	Change [1442]
NAME	1	i⊓ nereit	6.1 TITLE		Change Addition
STREET ADDRESS	1		6.2 NAME		
5 NECT ASSURESS			0.3 STREE	T ADDRESS	

14. I do hereby certify that the information supplied with this filling 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.