

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

FILED  
Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000081204 (5)  
1. Corporation Name  
THE ELIZABETH KANE CORPORATION OF FLORIDA, INC.



Principal Place of Business  
19495 BISCAYNE BLVD.  
SUITE 609  
AVENTURA FL 33180

Mailing Address  
19495 BISCAYNE BLVD.  
SUITE 609  
AVENTURA FL 33180-2318

2. Principal Place of Business  
21 5930 N.Bay Road

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 Miami Beach, Florida

27 City & State  
28 Florida

24 Zip  
33140

25 Country  
U.S.A.

29 Zip  
30 Country

3. Date Incorporated or Qualified  
10/01/1996

3a. Date of Last Report

n/a

4. FEI Number  
65-0700312

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

10. Name and Address of New Registered Agent

SCHWARTZ, JAY D  
19495 BISCAYNE BLVD.  
SUITE 609  
AVENTURA FL 33180

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 of person providing name of registered agent and office, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, JAY D	
STREET ADDRESS	19495 BISCAYNE BLVD., STE 609	
CITY - ST - ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRES. D	
1.3 STREET ADDRESS	Alfredo Beracasa	
1.4 CITY - ST - ZIP	5930 N.Bay Rd., Miami Bch, FL33140	
2.1 TITLE	V.P., SEC., TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elizabeth Kane	
2.3 STREET ADDRESS	5930 N.Bay Rd., Miami Bch, FL33140	
2.4 CITY - ST - ZIP		
3.1 TITLE	V.P., Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jay D. Schwartz	
3.3 STREET ADDRESS	19495 Biscayne Blvd. #609	
3.4 CITY - ST - ZIP	Aventura, FL 33180	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/97

Daytime Phone #

866-7300

0245817

CR2E034 (9/96)