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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

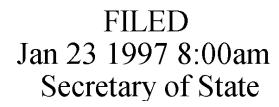
DOCUMENT # P9600086054 (9)

KLASSMAN REALTY, INC.

Principa	l Place	of Bu	isiness
17140 C	OHINS	AVE.	

Mailing Address

17140 COLLINS AVE.





MIAMI BEACH	FL 33160	MIAMI BEACH FL 33160-3641)										
							ate Incorp)/16/19		d or Qu	alified	3a. (Date of	ast R	eport
2. Principal P	lace of Business	2a. Mailing Address					1 Number				Ca 6		Ap	plied For
21		26				井	65-	· 0	10	7	598		No	t Applicabl
Suite, Apt 22	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Req								
City & Stat	Ċ	City & State				I	ection Car ust Fund (cing				May Be o Fees
Ζιρ 24	Country 25	Zip 29	Coun	try		,	nis corpora orida Statu		as liab			le tax ui	nder s.	199.032
	9. Name and Address of Curr	rent Registered Agent				10. N	ame and	Addr	ss of l	New R	egistere	d Ageni		
KLA	ISSMAN, ISABEL		1	B1	Name									
171	40 COLLINS AVE.			B2	Street Ad	ddress (P.O.	. Box Num	ber is	Not A	ccepta	ble)			
MIA	MI BEACH FL 33160													
			ļ	83										
			<u>}</u>	84	City							85	Žip (Code
	to the provisions of Sections 607 C				•						F			
agent La SIGNATURE	registered agent, or both, in the Stam familiar with, and accept the ob-	ligations of, Section 607,0505. I	S authorized Florida Statu OTE: Registered	ites	i.			LIOIS.	- Herec	y acce	DATE.	эронин	oni as	registered
12.		AND DIRECTORS	13.			AD	DITIONS/	CHAN	GES TO	OFFI	CERS A	VD DID	CTOR	IS IN 12
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NAME	KLASSMAN, ISABEL		1.2 NA	ИÉ		ISABI ISABI MIAMI	el R	, K	LAS	SMI	d h			
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CITY ST ZIF	MIAMI BEACH FL 33160		1.4 CiT	Y - \$1	T-ZIP	MIAMI	BEA	CH,	1-6	<u>. ر</u>	3160			
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CITY-S* 7IP	İ		C 4 O(7	v e	T-ZIP									

If you hareby certify that the information supplied with this hing 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

MADLE A KLANDENIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KLASSMAN/11/97 (305) 947-4737
Date Dayline Phone P