

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000011499 (5)

1. Corporation Name

THE COVE AT THE LANDINGS, INC.

Principal Place of Business

65 N.W. 168TH STREET
NORTH MIAMI BEACH FL 33169

Mailing Address

65 N.W. 168TH STREET
NORTH MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0745466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 115 NW 167th Street
Suite, Apt. #, etc.

22 Suite #300

City & State

23 North Miami Beach, FL

Zip

24 33169

Country

25 Dade

2a. Mailing Address

26 115 NW 167th Street
Suite, Apt. #, etc.

27 Suite #300

City & State

28 North Miami Beach, FL

Zip

29 33169

Country

30 Dade

9. Name and Address of Current Registered Agent

KASSIN, ROBERTO
65 N.W. 168TH STREET
NORTH MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name

Kassin, Roberto

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

115 NW 167th Street

83

Suite #300

84 City

North Miami Beach,

FL

85 Zip Code

33169

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

0

☐ DELETE

NAME

KASSIN, ROBERTO

STREET ADDRESS

65 N.W. 168TH STREET

CITY-ST-ZIP

NORTH MIAMI BEACH FL 33169

TITLE

0

☐ DELETE

NAME

BEHAR, SABY

STREET ADDRESS

65 N.W. 168TH STREET

CITY-ST-ZIP

NORTH MIAMI BEACH FL 33169

TITLE

0

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

0

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

0

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

0

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Kassin, Roberto

115 NW 167th Street

Suite #300

North Miami Beach, FL

Behar, Saby

115 NW 167th Street

Suite #300

North Miami Beach, FL

14. I 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

4/29/98

CR2E034 (10/97)