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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P97000014773 (0)

FIVE BROTHERS OF NEW YORK, INC.

Mailing Address Principal Place of Business

## **FILED** Apr 02 1998 8:00am Secretary of State



2800 ISLAND BLVD #2801 NORTH MIAMI FL 33160		2800 ISLAND BLVD #2601 North Miami Fl 33160		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/14/1997
2. Principal Place of Business 2a. Mailing Add		24- Mailing Address		4. FEI Number Applied For
21		26		63-0134403 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip 24	Country 25	Z <sub>1</sub> p	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
	HINSKY, <b>JEFFR</b> EY		81 Name	
1221 BRICKELL AVE			82 Street Ac	dress (P.O. Box Number is Not Acceptable)
SUITE 2100 MIAM! FL 33131			B3	
mean is color			84 City	■■ 85 Zip Code
		,		FL
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				
12.	Signature, typed or printed name of registered a	gent and title if applicable (NC ND DIRECTORS	1E Registered Agent signature re-	rquired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICERS A	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KRONRAD, RICHARD	the second	1.2 NAME	
STREET ADDRESS	2800 ISLAND BLVD. #2601		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33160		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	. Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T DELETE	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	Li Crange Li Acomon
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	1
CITY-ST-ZIP		☐ DELETE	5.4 CITY+ST-ZIP	Change Addition
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	partify that the information supplied	with this filing does not avalify	for the exemption stated	in Section 119.07(3)(i). Florida Statutes, I further certify that the information

indicated on this annual report or supplied will this limit does not qualify for the exemption scaled in Section 119.07(3)(), Florida Statutes. I further certify that the informatic indicated on this annual report for suppliemental 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 opposition 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 pranged, or on an attachment with an address.