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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000066895**1. Corporation Name

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90036 013 ***150.00

BERENS	ON REALTY I, INC.					
Principal Place	e of Business	Mailing Address			T (400)(40) tid léval isalet adjir santa dassi dasta astira atira seria carar arti ta	/81
9 ISLAND AVE #1801 9 ISLAND AVE #1801 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualifed 07/30/1998	
-	lace of Business	2a. Mailing Address			4. FEI Member 854538 Applied For Not Applicate	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	
22		27				_
City & Stat	e	28	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
23 Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intaggible	
24]	25	29 3	_ `	•	Personal Property Tax.	
24.]	9. Name and Address of Curren		-		10. Name and Address of New Registered Agent	
		<u> </u>	81	Name		
	ENSON, RICHARD B LAND AVE #1801		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	MI BEACH FL 33139		83	 		
			84	City	FL 85 Zip Code	
11. Pursuant office or r agent. I a	MMM	2eu	PORI	OBT K	progration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered when reinstating) ATE ATE	t
12. /		nt and title if applicable (NOYE: R	13.	int agriculta toqui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITLE	D	DELETE 1.1 TF			P. T. D Change Add	ition
NAME	BERENSON, RICHARD B	N. RICHARD B		1		
STREET ADDRESS	■ · · · · · · · · · · · · · · · · · · ·		1.3 STREE	T ADDRESS		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		C ' D □ Change ☑ Addi	ition
NAME	BERENSON, ALINA T		22 NAME		S'D	
STREET ADDRESS	9 ISLAND AVE #1801		2.3 STREE	T ADDRESS	ا مستوره ما مشاعد از میران برواند اید را مهم یا رواند.	
CITY-ST-ZIP	1010 4000 500 1011 10 1010		2. 4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE	1	C; D □ Change □ Addi	ition
NAME	Watson, Diane B		32 NAME	`	~) ~	
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	— — — — — —	3.4. CITY-	ST-ZIP		ition
TITLE		☐ DELETE	4.1 TITLE		, Change Disasse	
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
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TITLE			5.2 NAME			
NAME OTBEET ADDRESS				ET ADDRESS		
STREET ADDRESS			5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE		Change Add	ition
NAME		_	6.2 NAME		1	
STREET ADDRESS	/	7	6.3 STREE	T ADDRESS		
CTY-ST-ZIP	//		6.4 CITY-	ST-ZIP	; 	

14. 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 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 corporation or the receiver of truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes, or on an adaptive with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

:R2E034 (11/98)