

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S05659 (5)

1. Corporation Name

L.B.V., INC.

Principal Place of Business

**2655 N.E. 189TH ST.
NORTH MIAMI BEACH FL 33180**

Mailing Address

**2655 N.E. 189TH ST.
NORTH MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1990

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0220763

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEDMAN, MARTIN, B
2655 NE 189TH ST
SUITE 830
NORTH MIAMI BEACH 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FREEDMAN, MARTIN B.
STREET ADDRESS	2655 N.E. 189 ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	FREEDMAN, GRACIE FINKEL
STREET ADDRESS	2655 N.E. 189 ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	VSD
NAME	FINKEL, NATHAN
STREET ADDRESS	2655 N.E. 189 ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	FINKEL, JACQUELINE S.
STREET ADDRESS	2655 N.E. 189 ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Martin B. Freedman
MARTIN B. FREEDMAN

Pres. 4/24/95 305-931-5454
Pres. 4/24/95 305-931-5454