

NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S07641

(1)

1. Corporation Name
7575 CORPORATION

Principal Place of Business

**5625 NORTH BAY ROAD
MIAMI BEACH FL 33140**

Mailing Address

**5625 NORTH BAY ROAD
MIAMI BEACH FL 33140**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 4000 Tower Side Terr

Suite, Apt. #, etc.

27 60 ✓

City & State

28 MIAMI FL

Zip

29 33138

Country

30 DAGE

3. Date Incorporated or Qualified
10/22/1990

3a. Date of Last Report
03/21/1995

4. FEI Number
65-0223801

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

9. Name and Address of Current Registered Agent

**KLEIMAN, MARTIN
5625 NORTH BAY ROAD
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name **MARGE KLEIMAN**

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

83 4000 Tower Side Terr.

84 City

MIAMI

FL

85 Zip Code

33138

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

MARGE KLEIMAN

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent's signature required when reinstating)

MARGE KLEIMAN

2/28/96

12. OFFICERS AND DIRECTORS

1.1 TITLE **D** **KLEIMAN, MARTIN** ☒ DELETE

1.2 NAME
5625 NORTH BAY ROAD
MIAMI BEACH FL

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** **MARGE KLEIMAN** ☒ Change ☐ Addition

1.2 NAME **4000 Tower Side Terr Apt 60 ✓**

1.3 STREET ADDRESS **MIAMI FL 33138**

1.4 CITY - ST - ZIP

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

1.29 TITLE

1.30 NAME

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:

MARGE KLEIMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

305-893-3897

CR2E034 (12/95)