

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S14844

(2)

1. Corporation Name

EMBASSY SQUARE, INC.

Principal Place of Business

7990 SW 11TH AVE.  
MIAMI FL 33183

Mailing Address

7990 SW 11TH AVE.  
MIAMI FL 33183

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/26/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0228175

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

CASTRO, ANTONIO J  
7990 S.W. 117TH AVE  
MIAMI FL 33183

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GROSSMAN, PHYLLIS  
STREET ADDRESS 7990 SW 117 AVE  
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETE

TITLE DVPS  
NAME CASTRO, ANTONIO J  
STREET ADDRESS 7990 SW 117 AVE  
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETE

TITLE VPT  
NAME MIZELS, LORI  
STREET ADDRESS 7990 SW 117 AVE  
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETE

TITLE VP  
NAME GROSSMAN, WILLIAM  
STREET ADDRESS 7990 SW 117 AVE  
CITY-ST-ZIP MIAMI FL 33183 ☐ DELETE

TITLE VP  
NAME GETELMAN, KAREN  
STREET ADDRESS 1238 COMMONWEALTH AVENUE  
CITY-ST-ZIP NEWTON MA 02185 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
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 ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME GROSSMAN  
4.3 STREET ADDRESS spelling.  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 5298 Lindley Avenue  
5.4 CITY-ST-ZIP Encino CA 91316-3518

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 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

CR2E034 (9/96)