

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **S20794** (1)

1. Corporation Name  
**1436 BUILDING, INC.**



Principal Place of Business: **C/O DAVID FELDMAN, PA  
 407 LINCOLN ROAD, PH NE  
 MIAMI BEACH FL 33139**

Mailing Address: **C/O DAVID FELDMAN, PA  
 407 LINCOLN ROAD, PH NE  
 MIAMI BEACH FL 33139**

3. Date incorporated or Qualified: **12/26/1990**  
 3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business: **C/O DAVID FELDMAN**  
 21 Suite, Apt #, etc: **407 Lincoln Rd. #701**  
 22 City & State: **MIAMI BEACH, FL**  
 23 Zip: **33139** Country: **USA**  
 24 25 26 27 28 29 30

4. FEI Number: **65-0244363**  
 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  
**FELDMAN, DAVID  
 407 LINCOLN RD  
 PH NE  
 MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
 81 Name: **DAVID FELDMAN**  
 82 Street Address (P.O. Box Number is Not Acceptable): **407 Lincoln Rd. #701**  
 83 City: **MIAMI BEACH**  
 84 City: **FL** 85 Zip Code: **33139**

11. Pursuant to the provisions of Sections 607.0602 and 607.1500, 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: *David Feldman* DATE: **8/5/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FELDMAN, DAVID</b>	
STREET ADDRESS	<b>407 LINCOLN RD PH</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FELDMAN, DAVID</b>	
STREET ADDRESS	<b>407 LINCOLN RD PH</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>KASSAB, SASSON</b>	
STREET ADDRESS	<b>36 NE 1 ST S211</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 1-T/F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Feldman* DATE: **8/5/96**

CR2E034 (3/96)