

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

**FILED**  
**Mar 24 1997 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT # S20794 (1)**  
 1. Corporation Name  
**1436 BUILDING, INC.**



Principal Place of Business Mailing Address  
**C/O DAVID FELDMAN, PA** **AC/O DAVID FELDMAN**  
**407 LINCOLN ROAD, PH NE** **407 LINCOLN RD., STE 701**  
**MIAMI BEACH FL 33139** **MIAMI BEACH FL 33139-3020**  
**US** **US**

**3.** Date Incorporated or Qualified **12/26/1990** **3a.** Date of Last Report **08/12/1996**  
**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

**2.** Principal Place of Business  
**21.** Suite, Apt. #, etc.  
**22.** City & State  
**23.** Zip  
**24.** Country  
**25.** Country

**9.** Name and Address of Current Registered Agent

**FELDMAN, DAVID**  
**407 LINCOLN RD**  
**SUITE 407**  
**MIAMI BEACH FL 33139**

**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 of registered office or registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with my address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sandra B. Mortham, Pres* 3/17/97

Date

Daytime Phone #

CR2E034 (9/96)