

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

APPROVED AND FILED

1997 SEP -3 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

①

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S 42808  
1. Corporation Name  
UNIT 1207 CORP.

Principal Place of Business Mailing Address  
2800 ISLAND BLVD #1207 N. MIAMI BEACH FL 33140  
c/o DAVID ORLOWSKY, C.P.A.  
407 LINCOLN RD., SUITE 10L MIAMI BEACH, FL 33139

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	04-03-91		1996
4.	FBI Number	Applied For	
	65-0319103	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	DAVID ORLOWSKY cpa	
82	Street Address (P.O. Box Number is Not Acceptable)	407 LINCOLN ROAD #10L	
83			
84	City	85	Zip Code
	MIAMI BEACH	FL	33139

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, 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]* (NOTE: Pre-registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PO	HARARI JACQUES	2800 ISLAND BLVD #1207	AVENUE FL	<input type="checkbox"/> DELETE
VST	HARARI LYDIA	2800 ISLAND BLVD #1207	AVENUE FL	<input type="checkbox"/> DELETE
JD	HARARI FRIDA D.	2800 ISLAND BLVD #1207	AVENUE FL 33140	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	500002285125--2
13	STREET ADDRESS	-09/04/97--01098--006
14	CITY-ST-ZIP	****165.00 ****165.00
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 (if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/29/97 (305) 933-1476

CR2E034 (9/96)

2

**DAVID ORLOWSKY**  
*Certified Public Accountant*  
407 LINCOLN ROAD - SUITE 10L  
MIAMI BEACH, FLORIDA 33139-3008  
TEL: (305) 534-0005  
FAX: (305) 534-3957

August 28, 1997

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Unit 1207 Corp.  
Ref. Number S42808

To whom it may concern:

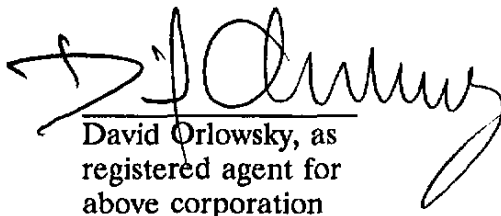
My client, Mrs. Lydia Harari who is an officer of the above corporation, has just returned from abroad and found the enclosed letter you have sent her in her mail box.

When she filed the Annual Return on April 29, 1997, she requested that the Registered Agent be changed to avoid the problem of receiving mail while she is out of the country.

We request that you please accept the report as filed and not penalize her for delay that was beyond her control.

Thank you for your attention to this matter.

Very truly yours,

  
David Orlofsky, as  
registered agent for  
above corporation

cc: Mrs. Lydia Harari