

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 2/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # S47113 (3)**

1. Corporation Name  
**UNIT 1507, INC.**

**FILED**

1995 JUL 19 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 10155 COLLINS AVE. #1507 BAL HARBOUR FL 33154-1627  
Mailing Address: 10155 COLLINS AVE. #1507 BAL HARBOUR FL 33154-1627

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/22/1991</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>65-0363592</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

9. Name and Address of Current Registered Agent <b>FELDMAN, DAVID, ESQ. 407 LINCOLN RD PH NE MIAMI BEACH FL 33139</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	NAME <b>HARA, HENRI</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10155 COLLINS AVE. #1507</b>	CITY - ST - ZIP <b>BAL HARBOUR FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE <b>VST</b>	NAME <b>HARA, RACHEL L.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10155 COLLINS AVE. #1507</b>	CITY - ST - ZIP <b>BAL HARBOUR FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>HARA, RACHEL L.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10155 COLLINS AVE. #1507</b>	CITY - ST - ZIP <b>BAL HARBOUR FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 110.07(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: *David Hara* \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (3/95)