

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S47113** (3)

1. Corporation Name

UNIT 1507, INC.



Principal Place of Business

**10155 COLLINS AVE.
#1507
BAL HARBOUR FL 33154-1627**

Mailing Address

**10155 COLLINS AVE.
#1507
BAL HARBOUR FL 33154-1627**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified
04/22/1991

3a. Date of Last Report
07/19/1995

4. FEI Number
65-0363592

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, ESQ.
407 LINCOLN RD
PH NE
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 607.0602 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

11a	NAME	PD	<input type="checkbox"/> DELETE
11b	STREET ADDRESS	HARA, HENRI	
11c	CITY-STATE-ZIP	10155 COLLINS AVE. #1507 BAL HARBOUR FL	
11d	TITLE	VST	<input type="checkbox"/> DELETE
11e	NAME	HARA, RACHEL L.	
11f	STREET ADDRESS	10155 COLLINS AVE. #1507 BAL HARBOUR FL	
11g	CITY-STATE-ZIP	BAL HARBOUR FL	
11h	TITLE	D	<input type="checkbox"/> DELETE
11i	NAME	HARA, RACHEL L.	
11j	STREET ADDRESS	10155 COLLINS AVE. #1507 BAL HARBOUR FL	
11k	CITY-STATE-ZIP	BAL HARBOUR FL	
11l	TITLE		<input type="checkbox"/> DELETE
11m	NAME		
11n	STREET ADDRESS		
11o	CITY-STATE-ZIP		
11p	TITLE		<input type="checkbox"/> DELETE
11q	NAME		
11r	STREET ADDRESS		
11s	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b	NAME	
12c	STREET ADDRESS	
12d	CITY-STATE-ZIP	
12e	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f	NAME	
12g	STREET ADDRESS	
12h	CITY-STATE-ZIP	
12i	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j	NAME	
12k	STREET ADDRESS	
12l	CITY-STATE-ZIP	
12m	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12n	NAME	
12o	STREET ADDRESS	
12p	CITY-STATE-ZIP	
12q	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12r	NAME	
12s	STREET ADDRESS	
12t	CITY-STATE-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 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 appointed 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: *HARA HENRI*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 20 1996
DATE LOCAL PHONE #

CR2E034 (12/95)