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PROFIT CORPORATION ANNUAL REPORT

1997

UNIT 1507, INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION\$

DOCUMENT # S47113

(3)

Mailing Address

FILED Mar 03 1997 8:00am Secretary of State



10155 COLLINS AVE. #1507 BAL HARBOUR FL 33154-1627		10155 COLLINS AVE. #1507 BAL HARBOUR FL 33154-10						
		,			3. Date Incorporated or Qualified 04/22/1991	3a. Date of Last 01/30/1996	Report	
2. Principal Pi	2a. Mailing Address	g Address		4. FEI Number 65-0363592		polied For		
21 Cuite tat	4 obs	26 Chite Ant # ata			00 0000002		lot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	y	Additional Required	
City & State 23		City & State	F7		Election Campaign Financing Trust Fund Contribution			
Zip 24	Country Zip 25 29 30		Country	ntry 8. This corporation has liability for intengible tax under s. 199.032 Florida Statutes Yes X No		s. 199.032,		
<u>* </u>		of Current Registered Agent	301		10. Name and Address of New Re			
FELL	OMAN, DAVID, ESQ.		81	Name)			
407 PH N	LINCOLN RD		82	Street	t Address (P.O. Box Number is Not Acceptab	ole)		
	VII BEACH FL 33139		83					
			84	City		F1 85 Zip	Code	
11. Pursuant (to the provisions of Sections	607 0502 and 607 1508. Florida Statute	s the abov	e-namer	d corporation submits this statement for the p		its registered	
office or re	egistered agent, or both, in t	the State of Florida, Such change was a	uthorized by	y the co	rporation's board of directors. I hereby accept	ot the appointment a	s registered	
SIGNATURE	The hour than sind decept t	the chaigements of bootion con ,0000, 110	A TOU OLULOIC	J.				
SIGNATURE	Signature, typed or printed name of re-	gisteroo agent and little if applicable (NOTE	: Registered Ag	ent signatu	re required when reinstating)	DATE		
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD Hara, Henri	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	10155 COLLINS AVE.	£1507	1.2 NAME				•	
STREET ADORESS	BAL HARBOUR FL	F1001	1.3 STREET		ist,			
CITY-ST-ZIF TITLE	VST	DELETE	2.1 TITLE	ST- ZiP		☐ Change	Addition	
NAME	HADA DACHELL		2.2 NAME	·		☐ orenge	L //00/(IOI)	
STHELL ADDRESS	10155 COLLINS AVE.	#1507	2.3 STREET	r Annress				
CITY ST ZIP	BAL HARBOUR FL		2. 4 CITY -					
TOLE	D	DELETE	3.1 TITLE	w. 4.11		☐ Change	Addition	
MAN	HARA, RACHEL L.		3.2 NAME					
STREET ADDRESS	10155 COLLINS AVE. 1	#1507	3.3 STREET	ADDRESS				
C(1) - S2 - 71P	BAL HARBOUR FL		3.4. CITY -	ST-ZIP	1			
TELF		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STEEL ACORESS			4.3 STREET	ADDRESS				
CHY-ST-ZIP			4.4 CITY - 9	T-ZIP				
THILE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
City-St-7iP		- I haire	5.4 CITY - S	ST-ZIP			(m) 7 Ton	
TITLE		DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP	and the second s		6.4 CITY - S	1-ZIP				

14. If do hereby certify that the information supplied with this filling 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 frue 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 rustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed, or on an attact hier with the address.

SIGNATURE: