

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S54078 (8)

1. Corporation Name

WATERSIDE CENTER CORPORATION

Principal Place of Business

815 N.W. 57TH AVE.
401
MIAMI FL 33126
US

Mailing Address

20801 BISCAYNE BLVD.
SUITE 302
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1991

3a. Date of Last Report

03/07/1994

4. FEI Number

65-0262108

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

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

9. Name and Address of Current Registered Agent

**BRYAN, ROBERT
815 NW 57TH AVE., #201
PH NE
MIAMI FL 33126**

SIGNATURE

Signature typed or printed name of registered agent and the Corporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
LECHTER, ROBERT
20801 BISCAYNE BLVD., SUITE 302
AVENTURA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
URRUELA, JUAN
20801 BISCAYNE BLVD., SUITE 302
AVENTURA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this report 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 recorder or treasurer 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 in an attachment with an address.

SIGNATURE:

Robert Lechter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 10 April 95 (305) 932-7000

Print

Daytime Phone #