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

**PROFIT** Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S54078 (8)WATERSIDE CENTER CORPORATION Principal Place of Business Mailing Address 815 N.W. 57TH AVE. 20801 BISCAYNE BLVD. SUITE 302 DO NOT WRITE IN THIS SPACE MIAM! FL 33126 AVENTURA FL 33180 3. Date Incorporated or Qualified <u>05/21/1991</u> 2. Principal Place of Business 2a. Mailing Address Applied For 1280E. Hallandale Booch Blud 26 1250E. Hallanoiale Booch Blud 65-0262108 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 809 Suite 809 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Hallandale Hallandale Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible US 33009 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRYAN, ROBERT 815 NW 57TH AVE., #201 82 Street Address (P.O. Box Number is Not Acceptable) PH NE . 83 **MIAMI FL 33126** 84 City 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 Signiture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Change LECKTOR, ROBERT 1250 F. HALLANDELLE BEACH BUIL, Ste 809 NAME LECHTER, ROBERT 1.2 NAME 20801 BISCAYNE BLVD., SUITE 302 STREET ADDRESS 1.3 STREET ADDRESS AVENTURA FL CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE Addition 2.1 TITLE Urruela, Juan dale Beach Blut., 61=809 NAME URRUELA, JUAN 2.2 NAME STREET ADDRESS 20801 BISCAYNE BLVD., SUITE 302 2.3 STREET ADDRESS Hallmoble, Fl 33009 CITY-ST-ZIP **A**ventura fl 2.4 CiTY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition MALIF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-\$1-ZIP 14. I hereby certify that the information supplied with this filing does not quilify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of upplicmental 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.

**FILED** 

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