

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S80903

(5)

1. Corporation Name

D. WINER CORPORATION



Principal Place of Business

685 WASHINGTON AVE.
MIAMI BEACH FL 33139

Mailing Address

685 WASHINGTON AVE.
MIAMI BEACH FL 33139

2. Principal Place of Business

21 1444 COLLINS AVE

Suite, Apt. #, etc.

City & State

23 MIAMI BEACH FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 1444 COLLINS AVE

Suite, Apt. #, etc.

City & State

28 MIAMI BEACH FL

Zip

29 33139

Country

30 USA

3. Date Incorporated or Qualified
09/16/1991

3a. Date of Last Report
05/16/1995

4. FFI Number
65-0284129

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

9. Name and Address of Current Registered Agent

WEIDER, NORMAN S. P
100 SE SECOND ST
SUITE 1910
MIAMI FL 33131

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 607.0502 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
D
WINER, DAVID
STREET ADDRESS
685 WASHINGTON AVE
CITY-ST-ZIP
MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE
2. NAME
D
WINER, DAVID
3. STREET ADDRESS
1444 COLLINS AVE
4. CITY-ST-ZIP
MIAMI BEACH FL 33139

☐ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

☐ Change ☐ Addition

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 a shareholder or trustee or person 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WINER 4/10/96 305 538 9900

CR2E034 (12/95)