

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S95832** (9)  
1. Corporation Name  
**34 NE 11 STREET CORP.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**4285 N MERIDIAN AVE** **4285 N MERIDIAN AVE**  
**MIAMI BEACH FL 33140** **MIAMI BEACH FL 33140**  
**US** **US**

3. Date Incorporated or Qualified **11/21/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>65-0392993</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <i>No suite #.</i>	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
City & State	City & State	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>23</b>	<b>28</b>		
Zip	Country		
<b>24</b>	<b>25</b>		
	<b>29</b>		
	<b>30</b>		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, BARRY R.**  
**ONE SOUTHEAST THIRD AVENUE**  
**STE. 1940**  
**MIAMI FL 33131**

B1 Name	<i>Same but New address</i>		
B2 Street Address (P.O. Box Number is Not Acceptable)	<i>New World Tower Suite 2F10</i>		
B3	<i>120 N Biscayne Blvd.</i>		
B4 City	<i>Miami</i>	B5 State	<i>FL</i>
		B6 Zip Code	<i>33132</i>

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 *[Signature]* **Barry R. Cohen Pres.** **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYMOND, HALLIE</b>	1.2 NAME	
STREET ADDRESS	<b>4285 N MERIDIAN AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYMOND, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>4285 N MERIDIAN AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, BARRY R.</b>	3.2 NAME	<i>Same</i>
STREET ADDRESS	<b>ONE SE THIRD AVENUE, STE. 1940</b>	3.3 STREET ADDRESS	<i>New World Tower</i>
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<i>120 N Biscayne Blvd. #2F10</i>
TITLE	<b>S</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OFELIA, OSEN-COHEN</b>	4.2 NAME	<i>Same</i>
STREET ADDRESS	<b>ONE SE THIRD AVENUE, STE. 1940</b>	4.3 STREET ADDRESS	<i>New World Tower</i>
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	<i>120 N Biscayne Blvd. #2F10</i>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(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 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 an appointment with an address.

SIGNATURE: *[Signature]* **Pres. Barry R. Cohen** **4/26/95** **305 375 0000**