

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **11/21/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0392993** 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: **11**
2a. Mailing Address: **11**
21. Suite, Apt #, etc.:
22. City & State:
23. Zip: Country:
24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent
**COHEN, BARRY R.
NEW WORLD TOWER, STE. 2810
100 N. BISCAYNE BLVD.
MIAMI FL 33132**

10. Name and Address of New Registered Agent
81. Name: **Cohen, Barry R.**
82. Street Address (P.O. Box Number is Not Acceptable):
~~XXXXXXXXXXXXXXXXXXXX~~
1150 Kane Concourse #420
83. City: **Bay Harbor Islands** FL 85. Zip Code: **33154**

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: **Barry Cohen Esq.** 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	RAYMOND, HALLIE	
STREET ADDRESS	4285 N MERIDIAN AVE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	Y	<input type="checkbox"/> DELETE
NAME	RAYMOND, PAUL	
STREET ADDRESS	4285 N MERIDIAN AVE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COHEN, BARRY R	
STREET ADDRESS	NEW WORLD TOWER #2810, 100 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OFELIA, OSEN-COHEN	
STREET ADDRESS	NEW WORLD TOWER #2810, 100 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 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 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.

SIGNATURE: **Barry Cohen Esq.** 4/29/96 301 861-4441

CR2E034 (12/95)