

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 11 AM 8:35

DOCUMENT # **S97426** (8)

1. Corporation Name

A.H., 1607, INC.

Principal Place of Business

ADORNIO & ZEDER
2601 S BAYSHORE DR #1600
MIAMI FL 33133
40-

Mailing Address

ADORNIO & ZEDER
2001 S BAYSHORE DR #1600
MIAMI FL 33133
46-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0309112

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. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 5225 Collins Ave

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 Suite 1607

Suite, Apt. #, etc.

27

City & State

23 Miami Beach, Fla.

City & State

28

Zip

24 33140

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MCKIBBIN DAVID A
2001 S BAYSHORE DR #1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

McKibbin David A.

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

Suite 1607

83

5225 Collins Ave

City

Miami Beach

FL

85 Zip Code

33140

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

David McKibbin

5-9-95

Signature typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
MCKIBBIN, DAVID A. ESQ.
2601 S BAYSHORE DR #1600
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME McKibbin, David A

1.3 STREET ADDRESS 5225 Collins Ave

1.4 CITY ST ZIP Miami, Beach, Fla. 33140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

David McKibbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-95

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