

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 # S99572 (7)

1. Corporation Name

GOLDLINE PROPERTIES NEW YORK, INC.



Principal Place of Business

Mailing Address

**1900 W COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33309**

**1900 W COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PFENNIGER, RICHARD C., JR
8800 N.W. 36TH STREET
MIAMI FL 33178**

81 Name **Armando A. Tabernilla**

82 Street Address (P.O. Box Number is Not Acceptable)
8800 N.W. 36th Street

83

84 City **Miami**

FL

85 Zip Code **33178**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Armando A. Tabernilla

1/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE **DP** ☒ DELETE
11.2 NAME **PFENNIGER, RICHARD C.**
11.3 STREET ADDRESS **8800 NW 36 ST**
11.4 CITY-STATE-ZIP **MIAMI FL**

11.1 TITLE **DS** ☒ DELETE
11.2 NAME **TABERNILLA, ARMANDO A.**
11.3 STREET ADDRESS **8800 NW 36 ST.**
11.4 CITY-STATE-ZIP **MIAMI FL**

11.1 TITLE **AS** ☒ DELETE
11.2 NAME **RUBIN, DORA B.**
11.3 STREET ADDRESS **8800 NW 36 ST.**
11.4 CITY-STATE-ZIP **MIAMI FL**

11.1 TITLE **T** ☒ DELETE
11.2 NAME **ZINZI, ANDREW**
11.3 STREET ADDRESS **8800 N.W. 36TH STREET**
11.4 CITY-STATE-ZIP **MIAMI FL**

11.1 TITLE ☒ DELETE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-STATE-ZIP

11.1 TITLE ☒ DELETE
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13.4 CITY-STATE-ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dora B. Rubin, Assistant Secretary

1/19/96

305-590-2200

Date

Daytime Phone

CR2E034 (12/95)