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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03817

(6)

JEROB PROPERTIES, INC.

CITY-ST-ZIP

SIGNATURE:

Principal Place of Business Mailing Address 5733 RIVIERA DRIVE 5733 RIVIERA DRIVE CORAL GABLES FL 33146 **CORAL GABLES FL 33146-2750** 3a. Date of Last Report 02/12/1996 3. Date Incorporated or Qualified 01/03/1992 2. Principal Flace of Business 2a. Mailing Address 4, FEI Number Applied For 65-0305196 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Ζıp Country This corporation has liability for intangible tax under s. 199.032. Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERSKOWITZ, ANDREW L 81 Name **5733 RIVIERA DRIVE** Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33146** 83 84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tilin if applicable (NOTE Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) ☐ DELETE Addition TITLE 1.1 TITLE Change HERSKOWITZ, ANDREW L NAME 1.2 NAME **5733 RIVIERA DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** DITY-ST-ZIP 1.4 City-St-ZiP DELETE Change TITLE 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAM: 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CITY - ST - ZIP ___ DELETE TITLE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY - ST - ZIP 5.4 CHY-ST-ZIP □ DELETE TITLE 61 TITLE Change Addition 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Drehoer ANDEW (.