FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:03

DOCUMENT # **V13548** **(5)**

1. Corporation Name
1228 COLLINS AVE. CORP.

Principal Place of Business	Mailing Address
1228 COLLINS AVE. MIAMI BEACH FL 33139 US	1228 COLLINS AVE. MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/12/1992**
3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business
21: n/A
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: n/A
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **NOT APPLICABLE** ☐ 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

9. Name and Address of Current Registered Agent

LIEBER, KEN
2421 LAKE PANCOAST DR.
PENTHOUSE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: n/A
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 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: n/A
(Signature, type or printed name of registered agent, and title if applicable) (Date) (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LIEBER, KEN	12 NAME	
STREET ADDRESS	2421 LAKE PANCOAST DR., PENTHOUSE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33140	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	HAWRYLEWICS, PETER	22 NAME	
STREET ADDRESS	2421 LAKE PANCOAST DR., PENTHOUSE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33140	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LIEBER, KEN	32 NAME	
STREET ADDRESS	2421 LAKE PANCOAST DR., PENTHOUSE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33140	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	HAWRYLEWICZ, PETER	42 NAME	
STREET ADDRESS	2421 LAKE PANCOAST DR., PENTHOUSE	43 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33140	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: [signature] 1/12/95 305-673-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0140701 CP