

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 # **V17053** (2)

1. Corporation Name
UNIT 1201 TIFFANY CORP.



Physical Place of Business: **10175 COLLINS AVE #1201 BAL HARBOUR FL**
Mailing Address: **10175 COLLINS AVE #1201 BAL HARBOUR FL**

3. Date Incorporated or Qualified: **02/26/1992**
3a. Date of Last Report: **01/19/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		Date of Last Report		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
10175 COLLINS AVE #1201 BAL HARBOUR FL		10175 COLLINS AVE #1201 BAL HARBOUR FL		65-0346687		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		01/19/1995		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
State, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable							
City & State		City & State											
Zip		Country		Zip		Country							
25		26		27		28		29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FELDMAN, DAVID ESQ 407 LINCOLN ROAD PH NE MIAMI BEACH FL 33139				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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: _____ DATE: _____
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODARA, HELIO		1.2 NAME				
STREET ADDRESS	10175 COLLINS AVE #1201		1.3 STREET ADDRESS				
CITY-ST-ZIP	BAL HARBOUR FL		1.4 CITY-ST-ZIP				
TITLE	DVST	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODARA, JANETTE		2.2 NAME				
STREET ADDRESS	10175 COLLINS AVE #1201		2.3 STREET ADDRESS				
CITY-ST-ZIP	BAL HARBOUR FL		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODARA, DEBORAH P		3.2 NAME				
STREET ADDRESS	10175 COLLINS AVE #1201		3.3 STREET ADDRESS				
CITY-ST-ZIP	BAL HARBOUR FL		3.4 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODARA, ANDREA ALEXANDRA		4.2 NAME				
STREET ADDRESS	10175 COLLINS AVE #1201		4.3 STREET ADDRESS				
CITY-ST-ZIP	BAL HARBOUR FL		4.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODARA, PATTRYCIA A.		5.2 NAME				
STREET ADDRESS	10175 COLLINS AVE #1201		5.3 STREET ADDRESS				
CITY-ST-ZIP	BAL HARBOUR FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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; that 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 attached page with an address.

SIGNATURE: _____ DATE: **2/20/94**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)