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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V17053

14. I do hereby certify that the information supplied with this filing

information indicated on this annual report or supplemental am an officer or director of the corporation of the diceiver

(2)

UNIT 1201 TIFFANY CORP.

Principal Place of Business Mailing Address 10175 COLLINS AVE #1201 10175 COLLINS AVE #1201 BAL HARSOUR FL 33154-1640 BAL HARBOUR FL 3a. Date of Last Report 3. Date Incorporated or Qualified 02/23/1996 02/26/1992 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0346687 Not Applicable 21 26 Suite. Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζıp Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 FELDMAN, DAVID ESQ Name 407 LINCOLN ROAD PH NE 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! BEACH FL 33139 83 84 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, type dior printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE HODARA, HELIO NAME 1.2 NAME 10175 COLLINS AVE #1201 STREET ADDRESS 1.3 STREET ADDRESS **BAL HARBOUR FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE DVST Change Addition 2.1 TITLE TITLE HODARA, JANETTE 22 NAME 10175 COLLINS AVE #1201 23 STREET ADDRESS STREET ADDRESS BAL HARBOUR FL CITY-ST-ZP 2. 4 CITY - ST-ZIP VD DELETE ☐ Change Addition TITLE 31 TITLE HODARA, DEBORAH P NAME 3.2 NAME 10175 COLLINS AVE #1201 STREET ADDRESS 3.3 STREET ADDRESS **BAL HARBOUR FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE HODARA, ANDREA ALEXANDRA NAME 4.2 NAME 10175 COLLINS AVE #1201 STREET ADDRESS 4.3 STREET ADDRESS BAL HARBOUR FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE HODARA, PATTRYCIA A. 5.2 NAME NAME 10175 COLLINS AVE #1201 STREET ADDRESS 5.3 STREET ADDRESS BAL HARBOUR FL CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

appears in Brock 12 or Block 13 if changed, or on the attachmost with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PHINTELY NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE AND TYPEO OR PHINTELY NAME OF SIGNANG OFFICER OR DIRECTOR

Dayling Phone **

O200755

64 CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name