SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -3 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V53470** **(3)**

1. Corporation Name
MICHIGAN 5 CORP.

Principal Place of Business	Mailing Address
650 OCEAN DRIVE MIAMI BEACH FL 33139	650 OCEAN DRIVE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1992**
3a. Date of Last Report: **08/16/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **22-3189812** ☐ 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

LEVINSON, EDWARD E
407 LINCOLN ROAD
PENTHOUSE SOUTHEAST
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: MARLO COURTNEY
82 Street Address (P.O. Box Number is Not Acceptable): 650 OCEAN DRIVE
83
84 City: MIAMI BEACH FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1)		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, R. ANTHONY	12 NAME		
STREET ADDRESS	650 OCEAN DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, JESSICA	22 NAME		
STREET ADDRESS	650 OCEAN DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, CHARLES JOSEPH	32 NAME		
STREET ADDRESS	650 OCEAN DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, JANET	42 NAME		
STREET ADDRESS	650 OCEAN DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	COURTNEY, MARLO (ASST)	52 NAME		
STREET ADDRESS	650 OCEAN DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: R. Anthony Goldman — 7-26-95 — 305-531-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044310 CP