

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 # V62739 (0)

1. Corporation Name
1255 PENN CORP.



Principal Place of Business
**735 COLLINS AVENUE
MIAMI BEACH FL 33139**

Mailing Address
**735 COLLINS AVENUE
MIAMI BEACH FL 33139**

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

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

3. Date Incorporated or Qualified
09/10/1992

3a. Date of Last Report
02/16/1995

4. FEI Number
65-0355939

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

**SALAND, ROBERT
735 COLLINS AVENUE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

2. 1. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

3. 1. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

4. 1. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

5. 1. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

6. 1. TITLE
62. NAME
63. STREET ADDRESS
64. 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 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:

Robert Saland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
Date

305-5346-9552
Daytime Phone

CR2E034 (12/95)