

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60329 (0)

1. Corporation Name

520 COMMERCIAL CORP.

Principal Place of Business

12651 S DIXIE HWY 303
MIAMI FL 33156

Mailing Address

12651 S DIXIE HWY 303
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1985

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2540406

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

2. Principal Place of Business

21 12925 SW 61 Ave

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33156

Country

25 DARE

2a. Mailing Address

26 12925 SW 61 Ave

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33156

Country

30 DARE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORENBERG, DONALD
12651 S DIXIE HWY 303
MIAMI FL 33156

81 Name
GORENBERG, DONALD

82 Street Address (P.O. Box Number is Not Acceptable)

12925 SW 61 Ave

83

84 City

Miami

FL

85 Zip Code

33156

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 the corporation

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
SCHNEIDER, MARK
12651 S DIXIE HWY 303
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VST
GORENBERG, DONALD
12651 S DIXIE HWY 303
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 (17)(b)(k), Florida Statutes. I further certify that the information submitted on this annual report or supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

0170026 CP