FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S17687

HANDELSMAN PERUVIAN AVENUE CORPORATION

Principal Place	of Business	Mailing Address		•		1 18813016 101 11811 13810 81101 18111		
250 WORTH AVENUE 250 WORTH AVENUE								
UNIT 4 UNIT 4						DO NOT WRITE IN THIS SPACE		
PALM BEACH FL 33480 PALM BEACH FL 33480						3. Date Incorporated or Qualifed		
						12/07/1990		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For
21		26				22-3086833	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	b)
22	· ·	27				3. Certificate of otates position	Fee Rec	uired
City & State)	City & State			,	6. Election Campaign Financing	ງ \$5.00 ເ	· .
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip r	Cou	ntry		8. This corporation owes the current		□No Ì
24	25		30	ī		Personal Property Tax. 10. Name and Address of New Regi		U-NO
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Regi	stered Agent	
LANI	DEL SMAN RUDTON						tr -	
HANDELSMAN, BURTON 250 WORTH AVENUE				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480				83	_			
FALI	# BLACITTE 35400			"		-		
				84	City		FL 85 Zip C	code
		22 and CO7 1509 Florido Statute	o the a	hovo.	named con	poration submits this statement for the pur	pose of changing its	registered
f office or re	agistered agent or both in the State	of Florida. Such change was at	utnonzec	זו עסוב	ne corporati	ion's board of directors. I hereby accept th	e appointment as reg	jistered
agent. I aı	n familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Stati	utes.				
SIGNATURE	Signature, typed or printed name of registered age	and title if englicable (NOTE:	Registered	Anent:	signature requir	red when reinstating)	DATE	— (
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1,1 TI	TLE			☐ Change	Addition
NAME	HANDELSMAN, BURTON		1.2 N/	AME:	ŀ			ì
STREET ADDRESS	250 WORTH AVE. UNIT 4		1.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	PALM BEACH FL		1.4 CI	ITY-ST-	ZIP			
TITLE				TLE			☐ Change	Addition
NAME	1		2.2 N	AME				
STREET ADDRESS	250 WORTH AVE. UNIT 4		2.3 S	TREET A	ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			XIY-ST		organis y magazine i izikili in membani sahiri. Periodikan		
TITLE			3.1 Π				☐ Change	Addition
NAME	HANDELSMAN, STEVEN		3.2 N	AME				
STREET ADDRESS	18 HOTEL DR		3.3 S	TREET	ADORESS			
CITY-ST-ZIP	WHITE PLAINS NY		3.4. C	TY-ST	-ZIP			
TITLE	***************************************	. DELETE	4.1 Ti	ITLE			Change	Addition
NAME			4. 2 N	IAME				l
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TI	ITLE		***	☐ Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			ļ
CITY-ST-ZIP	,		5.4 C	ITY-ST-	-ZIP			
TITLE		☐ DELETE	6.1 Ti	TLE			Change	☐ Addition
NAME			6.2 N	AME				ĺ
OTDEET ADDRESS	*		6.3 S	TREET	ADDRESS			

14. I hereby certify that the information supplied with this filing 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 suppliemental 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 comoration or the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIRED

56/835 6903

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90142 049 ***150.00