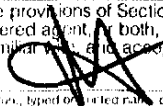
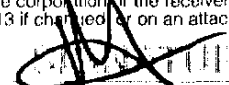


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS        |  |
| DOCUMENT # 161325 (6)<br>1. Corporation Name<br>STAHL'S REALTY CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                |  |
| Principal Place of Business<br>2400 WEST THIRD COURT<br>HALEAH FL 33010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Mailing Address<br>600 NE 25 AVENUE<br>HALLANDALE FL 33009-2877<br>US                                                                                                                          |  |
| 2. Principal Place of Business<br>21 1360 SW 8 St<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.                                                                                                                                                  |  |
| 22 City & State<br>23 MIAMI FLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 27 City & State                                                                                                                                                                                |  |
| 24 Zip 33135 Country USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 28 Zip Country                                                                                                                                                                                 |  |
| 9. Name and Address of Current Registered Agent<br>STAHL, SAMUEL<br>2400 W THIRD CT<br>HALEAH FL 33010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 10. Name and Address of New Registered Agent<br>81 Name DAVID STAHL<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>600 NE 25 AVE<br>83<br>84 City HALLANDALE FL 85 Zip Code 33009 |  |
| 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, 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.<br>SIGNATURE:  DAVID STAHL 5.13.97<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE                                                                                                                           |  |                                                                                                                                                                                                |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                          |  |
| TITLE PD<br>NAME STAHL, SAMUEL<br>STREET ADDRESS 2400 W. 3RD CT.<br>CITY-ST-ZIP MIAMI FL<br><input checked="" type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE D<br>NAME STAHL, LIBBY<br>STREET ADDRESS 2400 W. 3RD CT.<br>CITY-ST-ZIP MIAMI FL<br><input checked="" type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE TD<br>NAME STAHL, DAVID<br>STREET ADDRESS 2400 W. 3RD CT.<br>CITY-ST-ZIP MIAMI FL<br><input checked="" type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| 14. I do 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 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.<br>SIGNATURE:  DAVID STAHL 5.13.97 305-8831030<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |  |                                                                                                                                                                                                |  |



CR2E034 (9/96)