

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



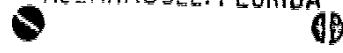
FLORIDA DEPARTMENT OF STATE
 Sandra B. Norman
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

JUL 21 AM 11:28

DOCUMENT # **256136** (3)
 Corporation Name
1560 CORAL TERRACE CORPORATION

SECRETARY OF STATE
 ALBUQUERQUE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1560 N.E. 127TH ST. NORTH MIAMI FL 33161**
 Mailing Address: **1560 N.E. 127TH ST. NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified: **02/20/1962** 3a. Date of Last Report: **01/24/1994**
 4. FFI Number: **59-1092807** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. \$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: 2a. Mailing Address
 21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.:
 22. City & State: 27. City & State:
 23. Zip: 28. Zip:
 24. Country: 29. Country:
 25. Country: 30. Country:

9. Name and Address of Current Registered Agent
SLUZIS, ROBERT C
1560 NE 127TH ST., #111
N MIAMI FL 33161

10. Name and Address of New Registered Agent
 81. Name: **Nancy A. Lutz**
 82. P.O. Box Number, if Not Applicable: **1146 NE 163rd St, #7**
 83. City: **N. Miami, FL 33162**
 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

NAME	LEGER, CHARLOTTE
Street Address	1560 NE 127TH ST. #102
City & State	N. MIAMI FL
NAME	BROWN, MYRTLE V
Street Address	1560 NE 127TH ST. #214
City & State	N MIAMI, FL 00000
NAME	KOCH, C. H
Street Address	1560 NE 127TH ST., #206
City & State	N. MIAMI FL
NAME	SLUZIS, ROBERT C
Street Address	1560 NE 127TH ST. #111
City & State	N. MIAMI FL

TLS 7/21/95

13. OFFICERS AND DIRECTORS

NAME	LEGER, CHARLOTTE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MYRTLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, C. H	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUZIS, ROBERT C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWARD MOUNT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORELLA SEBASTIANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARE LEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 ****225.00 ****225.00

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of changed or on an affidavit with an addition.

SIGNATURE: X *Charlotte Leger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)