

4 23 98 B 5363 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 397178 (5)
 1. Corporation Name
423 CORAL WAY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O PACIFIC R. E. MGMT CORP. #403 2490 CORAL WAY MIAMI FL 33145 US

Mailing Address: C/O PACIFIC R. E. MGMT CORP. #403 2490 CORAL WAY MIAMI FL 33145 US

3. Date Incorporated or Qualified: **03/03/1972**

4. FEI Number: **59-1383717**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **MURAI, WALD, BIONDO & MATTHEWS, P.A. 900 INGRAHAM BLDG., 25 S.E. 2ND AVENUE MIAMI FL**

10. Name and Address of New Registered Agent (81-85) fields.

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPST	<input type="checkbox"/> DELETE
NAME	SCHULTHEIS, THEODORE	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PASD	<input type="checkbox"/> DELETE
NAME	SIMON, XAVIER	
STREET ADDRESS	422 EAST 58 ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	SIMON, JAMES	
STREET ADDRESS	422 EAST 58 ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHULTHEIS, THEODORE	
1.3 STREET ADDRESS	2490 CORAL WAY # 403	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	PASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIMON, XAVIER	
2.3 STREET ADDRESS	2490 CORAL WAY # 403	
2.4 CITY-ST-ZIP	MIAMI, FL.	
3.1 TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SIMON, JAMES	
3.3 STREET ADDRESS	2490 CORAL WAY # 403	
3.4 CITY-ST-ZIP	MIAMI, FL.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 _____

CR2E034 (10/97)