

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

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AND
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96 MAY -1 PM 1:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 522631 (1)

1. Corporation Name
101 N.E. SECOND AVENUE PROPERTIES CORP.

Principal Place of Business: **100 SE SECOND ST., SUITE 2100 MIAMI FL 33131**

Mailing Address: **100 SE SECOND ST., SUITE 2100 MIAMI FL 33131**

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt #, etc.	Suite, Apt #, etc.
22 SUITE # 200	27 SUITE # 200
City & State	City & State
23 MIAMI FLORIDA	28 MIAMI FLORIDA
Zip	Zip
24 33145	29 33145
Country	Country
25 US.	30 US.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/24/1976	06/08/1995
4. FEI Number	Applied For
59-1707984	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SOLOWSKY, JAY
100 SE SECOND ST.
SUITE 2100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200

83

84 City
MIAMI

85 FL

Zip Code
33145

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 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES** DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTMAN, SALOMON	
STREET ADDRESS	2645 PINETREE DR.	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GUTMAN, GENA	
STREET ADDRESS	2645 PINETREE DR.	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200001813512
1.3 STREET ADDRESS	-05/08/96--01066--001
1.4 CITY - ST - ZIP	****200.00 ****200.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

AM 5/3

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 119.07(3)(k), 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 registered 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, on an attachment with an address.

SIGNATURE: *[Signature]* **PRES.** DATE: **4/30/96**

SALOMON GUTMAN (PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (12/95)