

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K04535 (6)
 1. Corporation Name
AKB MANAGEMENT COMPANY



Principal Place of Business % BLAIRE & COLE, P.A. 2801 PONCE DE LEON BLVD. S-550 CORAL GABLES FL 33134	Mailing Address % BLAIRE & COLE, P.A. 2801 PONCE DE LEON BLVD. S-550 CORAL GABLES FL 33134-6920
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/02/1987	3a. Date of Last Report 03/11/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0029011	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLAIRE & COLE, P.A. 2801 PONCE DE LEON BLVD SUITE 550 CORAL GABLES FL 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME IGNACIO, MANUEL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4275 AURORA STREET, SUITE F		1.2 NAME	
CITY-STATE CORAL GABLES-FL		1.3 STREET ADDRESS	
TITLE PD	NAME MCGHEE, MARGARET <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
STREET ADDRESS 2801 PONCE DE LEON BLVD STE 550		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE CORAL GABLES FL		2.2 NAME	
TITLE	NAME <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-STATE-ZIP	
CITY-STATE	NAME <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
STREET ADDRESS	NAME <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-STATE		3.4 CITY-STATE-ZIP	
TITLE	NAME <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE	NAME <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY-STATE-ZIP	
STREET ADDRESS	NAME <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE		5.2 NAME	
TITLE	NAME <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE	NAME <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
STREET ADDRESS	NAME <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-STATE		6.4 CITY-STATE-ZIP	

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 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 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: *[Signature]* **3/20/97** **305 444-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0182243

CR2E034 (9/96)