

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K84824 (7)

1. Corporation Name
1530 N.E. 130TH STREET CORP.



Principal Place of Business
1535 N.E. 129TH STREET
#13
NORTH MIAMI FL 33161

Mailing Address
1535 N.E. 129TH STREET
#13
NORTH MIAMI FL 33161-5294

3. Date Incorporated or Qualified 05/02/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0144602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business
136 CAMDEN DR
State Apt. #, etc.

22. City/State
BAL HARBOUR

23. Zip/Country
33154 USA

26. Mailing Address
136 CAMDEN DR
Suite, Apt. #, etc.

27. City/State
BAL HARBOUR

28. Zip/Country
33154 USA

9. Name and Address of Current Registered Agent

STILLONE, GASPARE
136 CAMDEN DR
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

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 607.0802 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. Term limited with an expiration date of the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report (required for all reports)

(Initials) Registered Agent signature required when reinstating

DATE

03/17/96

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	<input type="checkbox"/> DELETE
2. NAME	STILLONE, GASPARE	
3. STREET ADDRESS	136 CAMDEN DR	
4. CITY-STATE-ZIP	BAL HARBOUR FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	3
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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 as an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/97 (305) 892 6394

Date of Signature Phone #

CR2E034 (9/96)