

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

FILED
Mar 26 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 # K86865 (8)

1. Corporation Name
SAVITAR PROPERTIES, INC.



Principal Place of Business % CLIFFORD M. STEIN 2100 CORAL WAY, SUITE 602 MIAMI FL 33143 US	Mailing Address % CLIFFORD M. STEIN 5345 PINE TREE DR MIAMI BEACH FL 33140-2143
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3. Date Incorporated or Qualified 05/05/1989	3a. Date of Last Report 04/08/1996
4. FEI Number 59-2948789	Applied For <input type="checkbox"/> 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	

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

STEIN, CLIFFORD M.
5345 PINE TREE DR
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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	V	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, ESTELLE RUSTY	
STREET ADDRESS	5345 PINE TREE DR	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STEIN, CLIFFORD M.	
STREET ADDRESS	5345 PINE TREE 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	Greg Lawrence	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vice President	
1.3 STREET ADDRESS	5345 PINE TREE DR	
1.4 CITY - ST - ZIP	MIAMI BEACH FL 33140	
2.1 TITLE	Adam Von Komen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President	
2.3 STREET ADDRESS	5345 PINE TREE DR	
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33140	
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		

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 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:  **CLIFFORD M. STEIN, Pres.** 3/4/97 305-866-1546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ Daytime Phone # _____

CR2E034 (9/96)