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FILED
May 27 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 # L23040
1. Corporation Name
CRESCENT HEIGHTS X, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 10/16/1989
3a. Date of Last Report
4. FEI Number 65-0191625
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 999 Washington Ave
22 Suite 100
23 Miami Beach, FL
24 33139
25
26
27 Suite 100
28 Miami Beach, FL
29 33139
30

9. Name and Address of Current Registered Agent
ABRAHAM A. GALBUT
999 WASHINGTON AVE
MIAMI BEACH FL 33139

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's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

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	
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	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kahn, Sonny
1.3 STREET ADDRESS	999 Washington Ave., suite 100
1.4 CITY-ST-ZIP	Miami Beach, FL 33139
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dachoh, Shlomo
2.3 STREET ADDRESS	999 Washington Ave, Suite 100
2.4 CITY-ST-ZIP	Miami Beach, FL 33139
3.1 TITLE	V.P./D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russell Galbut
3.3 STREET ADDRESS	999 Washington Ave., Suite 100
3.4 CITY-ST-ZIP	Miami Beach, FL 33139
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	600002203206
6.3 STREET ADDRESS	-06/05/97--01064--048
6.4 CITY-ST-ZIP	***165.00

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: _____ DATE: 4/30/97 DAYTIME PHONE #: (954) 455-9050
SHLOMO DACHOH

CR25034 (03/96)