

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 550

FILED
May 06 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 # **L86540** ()

1. Corporation Name
CRESCENT HEIGHTS MARKETING, INC.

Principal Place of Business 5401 COLLINS AVENUE MIAMI BEACH FL 33140	Mailing Address 5401 COLLINS AVENUE MIAMI BEACH FL 33140
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3. Date Incorporated or Qualified 07/11/1990	3a. Date of Last Report
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2. Principal Place of Business 21 999 Washington Ave.	2a. Mailing Address 25 999 Washington Ave.	4. FEI Number 65-0213486	Applied For Not Applicable
22 Suite 100	27 Suite 100	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Miami Beach FL	28 Miami Beach FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33139	25	29 33139	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**RITTER, JOHN A.
6345 COLLINS AVENUE, SUITE 100
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 State FL
86 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 one if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	KAHN, SONNY	
STREET ADDRESS	5401 COLLINS AVENUE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DACHOH, SHLOMO	
STREET ADDRESS	5401 COLLINS AVENUE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GALBUT, RUSSELL	
STREET ADDRESS	5445 COLLINS AVENUE	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	999 Washington Ave. Suite 100
1.4 CITY - ST - ZIP	Miami Beach FL 33139
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	999 Washington Ave, Suite 100
2.4 CITY - ST - ZIP	Miami Beach FL 33139
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 checked="" 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	

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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)(b), 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** (454) 455-9050

SHLOMO DACHOH

CR2E034 (12/95)