

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
 AND
 FILED

97 OCT 14 PM 1:58


SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30456 (0)

1. Corporation Name
MIAMI LIGHT PROJECT, INC.

Principal Place of Business 641 LINCOLN RD. MIAMI BEACH FL 33140 US	Mailing Address PO BOX 402501 MIAMI BCH FL 33140-0501 US
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REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1680 Michigan Avenue Suite, Apt. #, etc. 22 Suite 1107 City & State 23 Miami Beach, FL Zip 24 33140 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/01/1989	3a. Date of Last Report 06/12/1996
4. FEI Number 65-0107810	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROOF, STEPHEN
 HERMAN AND ROOF, P.A.
 1 SE 3RD AVENUE, 21ST FLOOR
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

**Edward McIntyre
 KATHLEEN BUNNELL WOLFE KIRSCHBAUM
 888 E. Las Olas Boulevard # 400
 Ft. Lauderdale FL 33301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE W.E. McIntyre DATE 10/13/97

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DS	<input type="checkbox"/>
NAME	RABBINO, CAREN	
STREET ADDRESS	2421 LAKE PANCOAST DR	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	DT	<input type="checkbox"/>
NAME	GROSS, JANINE	
STREET ADDRESS	541 W 50TH ST.VE, #802	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	DP	<input type="checkbox"/>
NAME	MERCEDES SCOPPELTA	
STREET ADDRESS	1770 TIGERTAIL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	KAPLAN, MITCHELL	
STREET ADDRESS	509 GIRALDA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SCHLESSER, MARILYN	
STREET ADDRESS	1400 OCEAN DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	400002321134--1		
1.4 CITY-ST-ZIP	-10/15/97--01088--001		
	****236.25 ****236.25		
2.1 TITLE	DT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Jolie Kahn		
2.3 STREET ADDRESS	1198 Venetian Way # 311		
2.4 CITY-ST-ZIP	Miami Beach, FL 33139		
3.1 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Andy Bernstein		
3.3 STREET ADDRESS	3310 LeJeune Road		
3.4 CITY-ST-ZIP	Coral Gables, FL 33134		
4.1 TITLE	DT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Edward McIntyre		
4.3 STREET ADDRESS	1076 NE 98 Street		
4.4 CITY-ST-ZIP	Miami Shores, FL 33139		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

10/13/97

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature]

CR2E037 (4/97)