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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000001475 (3)

1. Corporation Name
MIAMI AAU, INC.



Principal Place of Business Mailing Address
1920 N.W. FLAGLER TERRACE SUITE 4 MIAMI FL 33125
1920 N.W. FLAGLER TERRACE SUITE 4 MIAMI FL 33125-5349

3. Date Incorporated or Qualified 04/01/1993
3a. Date of Last Report 03/28/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number NOT APPLICABLE Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
BAUMGARTEN, JEANETTE
1920 N.W. FLAGLER TERRACE
SUITE 4
MIAMI FL 33125

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 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 *Jeanette Baumgarten* DATE 5/11/97
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	BAUMGARTEN, JEANETTE	1.2 NAME	
STREET ADDRESS	1920 N.W. FLAGLER TERR #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	HUDSON, MATTIE	2.2 NAME	
STREET ADDRESS	1670 N.W. 4TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	BAUMGARTEN, SAMUEL	3.2 NAME	
STREET ADDRESS	1920 NW FLAGLER TERR., #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* DATE 5/14/97

CR2E037 (9/96)