

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

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Feb 28 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 # P92000011129 (3)

1. Corporation Name
35 STAR ISLAND INC.



Principal Place of Business
446 COLLINS AVE
MIAMI BEACH FL 33139
US

Mailing Address
446 COLLINS AVE
MIAMI BEACH FL 33139-6610
US

3. Date Incorporated or Qualified 12/11/1992
3a. Date of Last Report 03/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 One S. Pointe Dr.	26 One S. Pointe Dr.	65-0382871	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	
23 Miami Beach FL	28 Miami Beach FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	<input type="checkbox"/>	
24 33139	29 33139	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THREATT, ROBERT R 446 COLLINS AVENUE MIAMI BEACH FL 33139	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	One S. Pointe Dr.
	83
	84 City
	Miami Beach FL 85 Zip Code
	33139

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAU, H	1.2 NAME	
STREET ADDRESS	446 COLLINS AVE X	1.3 STREET ADDRESS	One S. Pointe Dr.
CITY-ST-ZIP	MIAMI BCH FL 33139	1.4 CITY-ST-ZIP	Miami Beach FL 33139
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEE, M	2.2 NAME	
STREET ADDRESS	446 COLLINS AVE X	2.3 STREET ADDRESS	One South Pointe Dr.
CITY-ST-ZIP	MIAMI BCH FL 33139	2.4 CITY-ST-ZIP	Miami Beach FL 33139
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, THOMAS	3.2 NAME	
STREET ADDRESS	446 COLLINS AVE XXXXXX	3.3 STREET ADDRESS	One South Pointe Dr.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach FL 33139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Nee* Margaret Nee, VP 2/19/97 305-532-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)