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Feb 11 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 # P93000019613 (7)

1. Corporation Name
SHOWPLACE COMMERCIAL PROPERTIES, INC.



Principal Place of Business: 475 BILTMORE WAY SUITE 308 CORAL GABLES FL 33134
Mailing Address: 475 BILTMORE WAY SUITE 308 CORAL GABLES FL 33134-5755

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 08/20/1996
4. FEI Number: 65-0351588
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 3050 Biscayne Blvd. Suite, Apt. #, etc. 22 509
23 Miami FL. City & State
24 33137 Zip
25 Country
26 3050 Biscayne Blvd. Suite, Apt. #, etc. 27 509
28 Miami FL. City & State
29 33137 Zip
30 Country

g. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
2601 S. BAYSHORE DR.
STE. 160
MIAMI FL 33131

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOUSHAN, LEO	
STREET ADDRESS	475 BILTMORE WAY, STE. 308	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FIELDSTONE, RONALD R	
STREET ADDRESS	2601 S. BAYSHORE DR., STE. 1600	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AGHA, ABDUL S	
STREET ADDRESS	6701 SU NSET DR., STE. 200-B	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLKAR, REZA	
STREET ADDRESS	11880 BIRD RD., STE. 209	
CITY - ST - ZIP	MIAMI FL 33175	
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	W/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEO GOUSHAN	
1.3 STREET ADDRESS	450 N. PARK RD. #403	
1.4 CITY - ST - ZIP	HOLLYWOOD FL 33021	
2.1 TITLE	W/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONALD R FIELDSTONE	
2.3 STREET ADDRESS	2601 S. BAYSHORE DR. #1600	
2.4 CITY - ST - ZIP	MIAMI FL 33131	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		
6.3 STREET ADDRESS		
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: Leo Goushan LEO GOUSHAN RES 2-5-97 305-443-5963
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)