

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

FILED

**Feb 10 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 # P93000083058 (6)

**1. Corporation Name
TIFFANY REAL ESTATE HOLDINGS, INC.**



**Principal Place of Business
1380 N.E. MIAMI GARDENS DR.
STE. #210
N. MIAMI BEACH FL 33179**

**Mailing Address
1380 N.E. MIAMI GARDENS DR.
STE. #210
N. MIAMI BEACH FL 33179-4709**

**3. Date Incorporated or Qualified 11/29/1993
3a. Date of Last Report 05/01/1996**

**2. Principal Place of Business
21 21150 BISCAYNE BLVD.**

**2a. Mailing Address
26 21150 BISCAYNE BLVD**

**4. FEI Number 65-0533414
Applied For Not Applicable**

22 SUITE # 302

27 SUITE # 302

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 AVENTURA, FL

28 AVENTURA, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33180 25 DADE

29 33180 30 DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FRAYND, GERMAN
1380 MIAMI GARDEN DR.
#210
N. MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

**81 Name FRAYND GERMAN
82 Street Address (P.O. Box Number is Not Accepted) 21150 BISCAYNE BLVD.
83 STE # 302
84 City AVENTURA, FL 85 Zip Code 33180**

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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRAYND, GERMAN	
STREET ADDRESS	1380 MIAMI GARDENS DRIVE, SUITE 210	
CITY - ST - ZIP	N. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRAYND, GERMAN	
1.3 STREET ADDRESS	21150 BISCAYNE BLVD. SUITE 302	
1.4 CITY - ST - ZIP	AVENTURA, FL 33180	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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: _____ German Fraynd, 2/3/97 2059310504

CR2E034 (9/96)