

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

FILED
May 12 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 # P94000031209 (7)

1. Corporation Name
2725 SUNNY ISLES, INC.



Principal Place of Business Mailing Address
15053 S DIXIE HWY **15053 S DIXIE HWY**
MIAMI FL 33176 **MIAMI FL 33176-7830**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/19/1994 **03/19/1996**

4. FEI Number Applied For
65-0499703 Not Applicable

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

6. Election Campaign Financing **\$5.00** May Be Added to Fees

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

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

STANLEY, RUBY
8126 S.W. 83 PLACE
SUITE 1101
MIAMI FL 33143

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 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 _____ DATE _____
(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	<input type="checkbox"/> DELETE	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBY, STANLEY	1.2	NAME
STREET ADDRESS	15053 S DIXIE HWY	1.3	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33176	1.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, EDWARD I	2.2	NAME
STREET ADDRESS	15053 S DIXIE HWY	2.3	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33176	2.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, GEOFFREY A	3.2	NAME
STREET ADDRESS	15053 S DIXIE HWY	3.3	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33176	3.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, BARRY S	4.2	NAME
STREET ADDRESS	15053 S DIXIE HWY	4.3	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33176	4.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	<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	<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)(j), 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, and in an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)