

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

**FILED**

**Apr 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000094016 (0)**

1. Corporation Name  
**MONOPOLY INVESTMENTS, INC.**



Principal Place of Business <b>6100 HOLLYWOOD BLVD.                  SUITE 407                  HOLLYWOOD FL 33024</b>	Mailing Address <b>6100 HOLLYWOOD BLVD.                  SUITE 407                  HOLLYWOOD FL 33024-7981</b>
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3. Date Incorporated or Qualified <b>12/29/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0545129</b>	Applied For Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>3300 NE 192 ST</b> Suite, Apt. #, etc. 22 <b>PH-13</b> City & State 23 <b>AVENTURA, FL.</b> Zip 24 <b>33180</b>	2a. Mailing Address 26 <b>3300 NE 192 ST</b> Suite, Apt. #, etc. 27 <b>PH-13</b> City & State 28 <b>AVENTURA, FL.</b> Zip 29 <b>33180</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**KOPELOWITZ, HARVEY  
 750 SE 3RD AVE  
 SUITE 100  
 FT LAUDERDALE FL 33316**

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
			<b>FL</b>	

\*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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STERN, BEN Z</b>	
STREET ADDRESS	<b>6100 HOLLYWOOD BLVD., SUITE 407</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33024</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3300 NE 192 ST PH-13</b>
1.4 CITY - ST - ZIP	<b>AVENTURA, FL. 33180</b>

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: *[Signature]* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)