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**Apr 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 # P95000041896 (8)
1. Corporation Name
68TH STREET, CORP.



Principal Place of Business: **2098 NW 20TH STREET STE 9 MIAMI FL 33142**
Mailing Address: **2199 NW 20ST 1.2 MIAMI FL 33142 US**

3. Date Incorporated or Qualified: **05/24/1995** 3a. Date of Last Report: **04/26/1996**
4. FEI Number: **65-0585725** Applied For: Not Applicable:
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: **2199 N.W. 20ST**
2a. Mailing Address: **1+2 MIAMI FL 33142**
22. Suite, Apt. #, etc.: **1+2**
23. City & State: **MIAMI FL**
24. Zip: **33142** 25. Country: **DADE**

9. Name and Address of Current Registered Agent
**MAHBOOB A MERCHANT
2199 NW 20 ST.
MIAMI FL 33142**

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	D	<input type="checkbox"/> DELETE
NAME	AGUDELO, NELSON	
STREET ADDRESS	2098 NW 20TH STREET STE 9	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERCHANT, MAHBOOB A	
STREET ADDRESS	2098 NW 20TH STREET STE 9	
CITY-ST-ZIP	MIAMI FL 33142	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AGUDELO, NELSON	
1.3 STREET ADDRESS	2199 N.W. 20 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33142	
2.1 TITLE	D - PRES. - TRSR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MERCHANT, MAHBOOB A.	
2.3 STREET ADDRESS	2199 N.W. 20 ST.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33142	
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 checked, or on an attachment with an address.

SIGNATURE: **MAHBOOB A MERCHANT** 3-2797 305-326-1300
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)