

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

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P95000078855*

1. Corporation Name
163 Corporation, Inc.

TALLAHASSEE, FLORIDA

Principal Place of Business 2665 So. Bayshore Dr. #908 Miami, Florida 33133 U.S.A.	Mailing Address 2665 So. Bayshore Dr. #908 Miami, Florida 33133 U.S.A.
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21 2. Principal Place of Business	26 2a. Mailing Address	3 Date Incorporated or Qualified 06/03/96	3a. Date of Last Report
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number 65-0619041	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

9. Name and Address of Current Registered Agent

Gary P. Edelstein
2665 So. Bayshore Dr.
#908
Miami, Florida 33133

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Gary P. Edelstein	
STREET ADDRESS	2665 So. Bayshore Dr., #908	
CITY-ST-ZIP	Miami, Florida 33133	
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

<input type="checkbox"/> Change <input type="checkbox"/> Addition
700002217577-5
-06/19/97--01108--021
****165.00 ****165.00
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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G. Alan
6/18/97

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 employed 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: _____ **6/16/97** **(305) 285-9595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)