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1998 JAN 27 PM 3: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000093523 (5)**  
1. Corporation Name  
**1551 TAMiami, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1410 EUCLID AVENUE SUITE 5 MIAMI BEACH FL 33139  
Mailing Address: 1410 EUCLID AVENUE SUITE 5 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 12/08/1995  
4. FEI Number: 65-0637312  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: TORNERO, CARLOS M, 28 W. FLAGLER ST., SUITE 600, MIAMI FL 33130

10. Name and Address of New Registered Agent (81-84) fields. Includes handwritten number 800002415268 and date 01/28/98.

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PS
NAME	STERN, AHUVA	1.2 NAME	STERN, AHUVA
STREET ADDRESS	1410 EUCLID AVENUE SUITE 5	1.3 STREET ADDRESS	18891 NE 20ct
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	NORTH MIAMI FL 33179
TITLE	D	2.1 TITLE	V-P
NAME	STERN, PINCHAS	2.2 NAME	STERN, PINCHAS
STREET ADDRESS	1410 EUCLID AVENUE SUITE 5	2.3 STREET ADDRESS	18891 NE 20ct
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	NORTH MIAMI FL 33179
TITLE	PST	3.1 TITLE	TREASURER
NAME	ENHORN, SHALOM	3.2 NAME	HARARI, GIDEON
STREET ADDRESS	1410 EUCLID AVENUE SUITE 5	3.3 STREET ADDRESS	18891 NE 20ct
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	NORTH MIAMI FL 33179
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change  Addition

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14. I 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: *Gideon Harari* 1-23-98

CR2E034 (10/97)