

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S43106 (1)
 1. Corporation Name
UNIT 1007 CORP.



Principal Place of Business 2800 ISLAND BLVD. #1007 WILLIAMS ISLAND FL 33160	Mailing Address 2800 ISLAND BLVD. #1007 WILLIAMS ISLAND FL 33160-4937
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 04/04/1991	3a. Date of Last Report 01/26/1996
4. FEI Number 65-0321969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FELDMAN, DAVID, ESQ.
407 LINCOLN ROAD
PH NE
MIAMI FL 33139

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 607.1408, 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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARARI, SELIM	
STREET ADDRESS	2800 ISLAND BLVD. #1007	
CITY-ST-ZIP	WILLIAMS ISLAND FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HARARI, JOCELYNE	
STREET ADDRESS	2800 ISLAND BLVD. #1007	
CITY-ST-ZIP	WILLIAMS ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARARI, JOCELYNE	
STREET ADDRESS	2800 ISLAND BLVD. #1007	
CITY-ST-ZIP	WILLIAMS ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARARI, FRIDA	
STREET ADDRESS	2800 ISLAND BLVD. #1007	
CITY-ST-ZIP	WILLIAMS ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARARI, LEONEL	
STREET ADDRESS	2800 ISLAND BLVD. #1007	
CITY-ST-ZIP	WILLIAMS ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)