


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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1991	
21	26	4. FEI Number 65-0321969		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		9. Name and Address of Current Registered Agent	
24	25	29	30	10. Name and Address of New Registered Agent	

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

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARARI, SELIM	1.2 NAME	
STREET ADDRESS	2800 ISLAND BLVD. #1007	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARARI, JOCELYNE	2.2 NAME	
STREET ADDRESS	2800 ISLAND BLVD. #1007	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARARI, JOCELYNE	3.2 NAME	
STREET ADDRESS	2800 ISLAND BLVD. #1007	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARARI, FRIDA	4.2 NAME	
STREET ADDRESS	2800 ISLAND BLVD. #1007	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARARI, LEONEL	5.2 NAME	
STREET ADDRESS	2800 ISLAND BLVD. #1007	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

1-20-98

CR2E034 (10/97)