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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **397178** **(5)**

1. Corporation Name

423 CORAL WAY, INC.

Principal Place of Business	Mailing Address
C/O PACIFIC R. E. MGMT CORP. #403 2490 CORAL WAY MIAMI FL 33145 US	C/O PACIFIC R. E. MGMT CORP. #403 2490 CORAL WAY MIAMI FL 33145 US

3. Date Incorporated Or Qualified: **03/03/1972**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-1383717** [ ] 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MATTHEWS, P.A.
900 INGRAHAM BLDG., 25 S.E. 2ND AVENUE
MIAMI FL

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 607.0505 and 617.1505, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	SCHULTHEIS, THEODORE		2 NAME	
STREET ADDRESS	422 EAST 58TH STREET		3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	
TITLE	PASD	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	SIMON,XAVIER		2 NAME	
STREET ADDRESS	422 EAST 58 ST.		3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	
TITLE	VPSD	[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME	SIMON, JAMES		3 NAME	
STREET ADDRESS	422 EAST 58 ST.		3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

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***200.00

14. I do hereby certify that the information supplied with this filing is valid, current and complete for the period 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: THEODORE SCHULTHEIS 2/21/96 305-859-9811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)