

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053825 (2)

1. Corporation Name

5-7-9 PROPERTIES, INC.



Principal Place of Business

19101 MYSTIC POINT DRIVE
SUITE 1911
AVENTURA FL 33180

Mailing Address

19101 MYSTIC POINT DRIVE
SUITE 1911
AVENTURA FL 33180

2. Principal Place of Business

2a. Mailing Address

21 5 N. FEDERAL HWY 26 19101 MYSTIC PT. DR.

22 Suite, Apt. #, etc. 27 1911

23 DANIA FL 28 AVENTURA FL

24 33004 25 BROW 29 33180 30 DADE

9. Name and Address of Current Registered Agent

MARBIN, EVAN R ESQ.
48 EAST FLAGLER STREET
PENTHOUSE 104
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box or Mailing Address)
ISIDORE SHOCHAT
19101 MYSTIC PT. DR. 1911
AVENTURA, FL 33180

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 607.0502, Florida Statutes.

SIGNATURE

[Signature]

4/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHOCHAT, ISIDORE
STREET ADDRESS 19101 MYSTIC POINT DRIVE, #1911
CITY-ST-ZIP AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)