

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000038455 (0)

1. Corporation Name
765 LENOX AVENUE, INC.



| | | | | | |
|--|--|---|--|---|---------------------------------------|
| Principal Place of Business 805 12TH STREET SUITE 10 MIAMI BEACH FL 33139 US | | Mailing Address 805 12TH STREET SUITE 10 MIAMI BEACH FL 33139-4550 US | | 3. Date Incorporated or Qualified 05/27/1993 | 3a. Date of Last Report 08/06/1996 |
|--|--|---|--|---|---------------------------------------|

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|--|------------|---|------------|---|-------------------------------|
| 2. Principal Place of Business 21 503 12TH ST. Suite, Apt. #, etc. 22 SUITE 5 City & State 23 MIAMI BEACH FLA Zip 24 33139 | 25 Country | 2a. Mailing Address 26 503 12TH ST. Suite, Apt. #, etc. 27 SUITE 5 City & State 28 MIAMI BEACH FLA. Zip 29 33139 | 30 Country | 4. FEI Number 65-0414083 | 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"/> | |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. \$5.00 May Be Added to Fees | | | |

| | | | | | | | |
|--|--|----------------------------|--|---|--|----------------------------------|--|
| 9. Name and Address of Current Registered Agent B & C CORPORATE SERVICES INC 175 NW FIRST AVE SUITE 2000 MIAMI FL 33128-9965 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | REGENTS PAUL PROPERTY, INC | | 82 Street Address (P.O. Box Number is Not Acceptable) | | 503 12TH ST. | |
| 83 | | SUITE 5 | | 84 City | | MIAMI BEACH FL 85 Zip Code 33139 | |

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: *[Signature]* PRESIDENT DATE: 4/3/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLUM, ALAN | 1.2 NAME | |
| STREET ADDRESS | 1800 MERIDIAN AVE STE 204 | 1.3 STREET ADDRESS | 503 12TH ST. #5 |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | MIAMI BEACH, FLA. 33139 |
| TITLE | ST | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAUDERER, MALLORY | 2.2 NAME | |
| STREET ADDRESS | 1800 MERIDIAN AVE #204 | 2.3 STREET ADDRESS | 503 12TH ST. #5 |
| CITY-ST-ZIP | MIAMI BEACH FL | 2.4 CITY-ST-ZIP | MIAMI BEACH, FLA. 33139 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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 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, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/3/97 DAYTIME PHONE #: 305-532-1975

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CR2E034 (9/96)