

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 400541 (9)
1. Corporation Name
MAJESTIC REALTY, INC.



Principal Place of Business 12601 SW 67TH COURT MIAMI FL 33156	Mailing Address 12601 SW 67TH COURT MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/05/1972	3a. Date of Last Report 02/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0297763	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired 8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent DECARION, GEORGE H 12601 SW 67 CT. MIAMI FL 33156		10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DECARION, GEORGE H	1.2 NAME	
STREET ADDRESS	12601 SW 67 CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	VSD
NAME	DECARION, VIVA	2.2 NAME	ARAKI, VIVA de CARION
STREET ADDRESS	4008 N HILL PKWY	2.3 STREET ADDRESS	4029 Briarglade Way
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	ATLANTA, GA 30340
TITLE	ASD	3.1 TITLE	ASD
NAME	DE CARION, CURTIS	3.2 NAME	DE CARION, CURTIS
STREET ADDRESS	1120 EL CAMINO RD NO 5	3.3 STREET ADDRESS	20 Cedar Point Loop #213
CITY-ST-ZIP	BURLINGAME CA 94010	3.4 CITY-ST-ZIP	SAN RAMON, CA 94583
TITLE	ASD	4.1 TITLE	
NAME	BRYANT, ELIZABETH D.	4.2 NAME	
STREET ADDRESS	305-B EAST LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 _____

CR2E034 (4/97)