

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 # 176445 (5)
1. Corporation Name
ONE HUNDRED SEVENTY-SECOND COLLINS CORP.



Principal Place of Business Mailing Address
17190 COLLINS AVE 17190 COLLINS AVE
MIAMI FL 33160 MIAMI FL 33160

| | | | | | |
|--------------------------------|------------------------|---|--|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/10/1953 | 3a. Date of Last Report 02/28/1995 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-0712038 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 30 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, ARTHUR
17190 COLLINS AVE.
MIAMI BEACH FL

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

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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAMLER, N J | 1.2 NAME | |
| STREET ADDRESS | 9565 BAY DRIVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | SURFSIDE FL | 1.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARKIN, L JULES | 2.2 NAME | |
| STREET ADDRESS | 1111 LINCOLN ROAD, STE. 500 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, LEWIS | 3.2 NAME | |
| STREET ADDRESS | 48 HUNTING LANE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | E HAMPTON NY | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARKIN, NORMAN A | 4.2 NAME | |
| STREET ADDRESS | 1827 PURDY AVE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL | 4.4 CITY - ST - ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODMAN, ARTHUR | 5.2 NAME | |
| STREET ADDRESS | 20505 E COUNTRY CLUB DRIVE #537 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | NORTH MIAMI BEACH FL | 5.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAMLER, STEVEN | 6.2 NAME | |
| STREET ADDRESS | 9164 BAY DR. | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | SURFSIDE FL | 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

11/17/96 305-947-4581
Date Daytime Phone #

CR2E034 (12/95)