

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

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Jan 14 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 # 183321 (9)  
1. Corporation Name  
ESTATES, INC.



Principal Place of Business  
C/O IRVING F KALBACK  
16 S W 1ST AVE  
MIAMI 36 FL 33130

Mailing Address  
C/O IRVING F KALBACK  
16 S W 1ST AVE  
MIAMI 36 FL 33130-1606

3. Date Incorporated or Qualified 02/11/1955	3a. Date of Last Report 02/21/1996
4. FEI Number 59-0948193	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"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
KALBACK, IRVING F  
16 SW 1ST AVE  
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name Fayes F. Thomas, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 16 S. W. 1st Avenue
83
84 City Miami
85 Zip Code FL 33130

11. Pursuant to the provisions of Sections 607.05(2) 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 *Fayes F. Thomas, Jr.* January 6, 1997  
Signature of person authorized to change registered office and agent, if applicable (If not the registered agent, signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P D <input checked="" type="checkbox"/> DELETE
NAME	KALBACK, IRVING F.
STREET ADDRESS	16 S.W. FIRST AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	S D <input type="checkbox"/> DELETE
NAME	THOMAS, JR FAYES F.
STREET ADDRESS	16 S.W. FIRST AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fayes F. Thomas, Jr.
2.3 STREET ADDRESS	16 Southwest First Avenue
2.4 CITY-ST-ZIP	Miami, Florida 33130
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 or changed, or on an attachment, with an address.

SIGNATURE: *Fayes F. Thomas, Jr.* 1/6/1997 305-379-7561  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)