
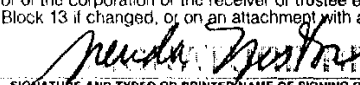


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 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 # 218104 (8) 1. Corporation Name MIAMI HOLDING CORP.					
Principal Place of Business 6917 COLLINS AVENUE MIAMI BEACH FL 33141			Mailing Address 6917 COLLINS AVENUE MIAMI BEACH FL 33141-3263		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/12/1958	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 08/08/1996	
22 City & State		27 City & State		4. FEI Number 59-0945131	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent NESTOR, BRENDA N 6917 COLLINS AVENUE SUITE 1811 MIAMI BEACH FL 33141			10. Name and Address of New Registered Agent 81 Name Nestor, Brenda 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					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MOTTRAM, LISA				
STREET ADDRESS	6917 COLLINS AVENUE				
CITY - ST - ZIP	MIAMI BEACH FL 33141				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	STRASSBERG, BLANCHE				
STREET ADDRESS	6917 COLLINS AVENUE				
CITY - ST - ZIP	MIAMI BEACH FL 33141				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	POSNER, VICTOR				
STREET ADDRESS	6917 COLLINS AVENUE				
CITY - ST - ZIP	MIAMI BEACH FL 33141				
TITLE	EDST	<input type="checkbox"/> DELETE			
NAME	NESTOR, BRENDA				
STREET ADDRESS	6917 COLLINS AVENUE				
CITY - ST - ZIP	MIAMI BEACH FL 33141				
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	Field, Lisa M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	Launer, Blanche S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
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 if changed, or on an attachment with an address.					
SIGNATURE:  REQUIRED Signature and typed or printed name of signing officer or director					



CR2E034 (9/96)

4/29/97 (305) 866-7272
Date Daytime Phone #