


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

FILED
Apr 21 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 # 226777 (1)
 1. Corporation Name
LITTLE RIVER COOPERATIVE APARTMENTS, INC.



Principal Place of Business 60 N.W. 79TH STREET MIAMI FL 33150	Mailing Address 60 N.W. 79TH STREET MIAMI FL 33150-3092
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1959	3a. Date of Last Report 04/09/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0967455	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	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				10. Name and Address of New Registered Agent			
LONGTIN, MARGUERITE 60 NW 79 STREET #32 MIAMI FL 33150				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P <input type="checkbox"/> DELETE	1.1 TITLE	Pré.Longtin Maurice <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGTIN, MAURICE	1.2 NAME	60N.W.79th.Street #32
STREET ADDRESS	60 N.W. 79TH STREET #32	1.3 STREET ADDRESS	Miami FL.33150-3092
CITY-ST-ZIP	MIAMI FL 33150	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Vice -Pré.Genest Gaston <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNGER, MAJORIC	2.2 NAME	60 N.W.79th.Street #2
STREET ADDRESS	60 NW 79TH STREET #33	2.3 STREET ADDRESS	Miami FL.33150-3092
CITY-ST-ZIP	MIAMI FL 33150	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	Sec.Tre.Longtin Marguerite <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGTIN, MARGUERITE	3.2 NAME	60 N.W. 79th.Street #32
STREET ADDRESS	60 NW 79TH STREET #32	3.3 STREET ADDRESS	Miami FL. 33150-3092
CITY-ST-ZIP	MIAMI FL 33150	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director Salmon Benoit <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMBLAY, RAYMOND MARIE	4.2 NAME	60 N.W. 79th.Street #28
STREET ADDRESS	60 NW 79TH STREET #21	4.3 STREET ADDRESS	Miami FL.33150-3092
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director Salmon Monique <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMARD, ALEX	5.2 NAME	60 N.W.79th.Street #28
STREET ADDRESS	60 NW 79TH STREET #15	5.3 STREET ADDRESS	Miami FL.33150-3092
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	NADEAU, COME	6.2 NAME	
STREET ADDRESS	60 N.W 79 ST #20	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: *Marguerite Longtin* 04/18/1997 (205-754-7828)

CR2E034 (9/96)