

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 256136 (3)

1. Corporation Name
1560 CORAL TERRACE CORPORATION



Principal Place of Business: 1560 N.E. 127TH ST. NORTH MIAMI FL 33161
Mailing Address: 1560 N.E. 127TH ST. NORTH MIAMI FL 33161

2. Principal Place of Business: 21
22. City & State: 23
24. Zip: 24
25. Country: 25
2a. Mailing Address: 26
27. City & State: 27
28. Zip: 28
29. Country: 29
30. Country: 30

R.C. REAL ESTATE
1140 NE 163rd St #1
Suite # 1
N. MIAMI B, Fla.
33162 USA

3. Date Incorporated or Qualified: 02/20/1962
3a. Date of Last Report: 07/21/1995
4. FEI Number: 59-1092807
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for interjurisdictional tax under s. 199.032, Florida Statutes. Yes No

Applied For: Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
LUNZ, NANCY A
1140 N.E. 127 ST. # 101
N MIAMI FL 33162

10. Name and Address of New Registered Agent
81 Name: NANCY A LUNZ
82 Street Address (P.O. Box Number is Not Acceptable): 1140 NE 163rd St, # 1
83 City: N. MIAMI BEACH
84 City: N. MIAMI BEACH
85 Zip Code: FL 33162

11. Pursuant to the provisions of Sections 607.0501 and 607.1501, 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 of registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	PB	<input type="checkbox"/> DELETE
NAME	LEGER, CHARLOTTE	
STREET ADDRESS	1560 NE 127TH ST. #102	
CITY, ST, ZIP	N. MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOUNT, HOWARD	
STREET ADDRESS	1560 NE 127TH ST, #101	
CITY, ST, ZIP	N MIAMI FL 33181	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SEBASTIAO, FLORBELLA	
STREET ADDRESS	1560 NE 127TH ST, #201	
CITY, ST, ZIP	N MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, GRACE	
STREET ADDRESS	320 NE 212 ST. # 201	
CITY, ST, ZIP	NILIE BEACH FL 33179	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VIC PRESIDENT ALICE EVANS
2.3 STREET ADDRESS	1560 NE 127 ST #103
2.4 CITY, ST, ZIP	N. MIAMI BEACH, FLA. 33161
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER HOWARD MOUNT #101
3.3 STREET ADDRESS	1560 NE 127 ST #101
3.4 CITY, ST, ZIP	N. MIAMI BEACH, FLA. 33161
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YOLANDA CIABRERA
4.3 STREET ADDRESS	1560 NE 127 ST #110
4.4 CITY, ST, ZIP	N. MIAMI BEACH, FLA. 33161
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

CR2E034 (12/95)