


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 08 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 # 257697 (3)
 1. Corporation Name
SOUTH MIAMI CORPORATION



Principal Place of Business 5750 SUNSET DRIVE P. O. BOX 1000 SOUTH MIAMI FL 33143	Mailing Address 5750 SUNSET DRIVE P. O. BOX 1000 SOUTH MIAMI FL 33143
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1962	3a. Date of Last Report 04/15/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-6054632	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRANTON, KENNETH E.	1.2 NAME	
STREET ADDRESS	134 N. LASALLE ST. #1918	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIRTZ, ARTHUR M JR	2.2 NAME	WIRTZ, W.ROCKWELL
STREET ADDRESS	680 N. LAKE SHORE DR.	2.3 STREET ADDRESS	680 N. Lake Shore Dr.
CITY-ST-ZIP	CHICAGO, ILL 00000	2.4 CITY-ST-ZIP	Chicago, Ill. 60611
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Asst. Secy/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, D	3.2 NAME	KRCH, C.
STREET ADDRESS	916 JUDSON AVE	3.3 STREET ADDRESS	680 N. Lake Shore
CITY-ST-ZIP	EVANSTON, IL 00000	3.4 CITY-ST-ZIP	Chicago, Ill. 60611
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	Asst. Secy/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIRTZ, WILLIAM W	4.2 NAME	MOHLER, MAX
STREET ADDRESS	680 N. LAKE SHORE DR.	4.3 STREET ADDRESS	680 N. Lake Shore Dr.
CITY-ST-ZIP	CHICAGO, ILL 00000	4.4 CITY-ST-ZIP	Chicago, Ill. 60611
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____

CR2E034 (4/97)