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Apr 23 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 # 351846

(1)

1. Corporation Name
INACTIVE CORPORATIONS, INC.

Principal Place of Business
% MORRIS J. WATSKY, ESQ.
700 N.W. 107TH AVENUE
MIAMI FL 33172

Mailing Address
% MORRIS J. WATSKY, ESQ.
700 N.W. 107TH AVENUE
MIAMI FL 33172-3161



3. Date Incorporated or Qualified 09/08/1969
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1275889		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	
25		29		25		30	

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J., ESQ.
700 NW 107TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81	Name
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	C, D
NAME	MILLER, LEONARD	1.2 NAME	Miller, Leonard
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	1.3 STREET ADDRESS	700 N.W. 107 AVE.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	VD	2.1 TITLE	
NAME	BOLOTIN, IRVING	2.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	SALEDA, M.E.	3.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	COLE, ROBERT G.	4.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	SIERRA, E. KATHLEEN	5.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MILLER, LEONARD	6.2 NAME	P Miller, Stuart A.
STREET ADDRESS	700 N.W. 107TH AVENUE	6.3 STREET ADDRESS	700 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL

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: *Kathleen E. Sierra* Kathleen E. Sierra 1-13-97 (305) 229-6400

CR2E034 (9/96)