

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

FILED

Apr 22 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 # 380987 (8)  
1. Corporation Name  
FIRST ATLANTIC BUILDING CORP.

Principal Place of Business  
700 NW 107TH AVENUE  
MIAMI FL 33172

Mailing Address  
700 NW 107TH AVENUE  
MIAMI FL 33172-3161



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1971		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1355591		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 Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent WATSKY, MORRIS J. ESQ. 700 NW 107TH AVENUE 4TH FLOOR 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	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MILLER, LEONARD		1.2 NAME				
STREET ADDRESS	700 NW 107 AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BOLOTIN, IRVING		2.2 NAME				
STREET ADDRESS	700 NW 107 AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLE, ROBERT B.		3.2 NAME				
STREET ADDRESS	700 NW 107 AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PEKOR, ALLAN J		4.2 NAME				
STREET ADDRESS	700 NW 107 AVE.		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SANTAELLA, GRACE		5.2 NAME				
STREET ADDRESS	700 N.W. 107TH AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SALEDA, M. E.		6.2 NAME				
STREET ADDRESS	700 NW 107 AVE.		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: *Grace Santaella* Grace Santaella 1-13-97 (305) 229-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0232136

CR2E034 (9/96)