

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90154 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 390889

1. Corporation Name
8120 CORPORATION

Principal Place of Business
**8120 CORPORATION
 8120 CORAL WAY
 MIAMI FL 33155**

Mailing Address
**8120 CORPORATION
 8120 CORAL WAY
 MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/04/1971

4. FEI Number
59-2090106

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees - Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**ASCHENBRENNER, RICHARD ESQ.
 #1 DATRAN CENTER
 9100 S. DADELAND BLVD, STE. 1409
 MIAMI FL 33156**

10. Name and Address of New Registered Agent
 81 Name **Laurie L. Riemer**
 82 Street Address (P.O. Box Number is Not Acceptable) **20143 NE 19th Place**
 83
 84 City **N. Miami Beach FL** 85 Zip Code **33179**

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 **Laurie L. Riemer** **Laurie L. Riemer** **2/25/99**
Signature, typed or printed name of registered agent and title if applicable (NO FEES REQUIRED - 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	11 TITLE VTL'S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSEN, ELLIOTT		12 NAME VIOLA HRTICA	
STREET ADDRESS 8120 CORAL WAY		13 STREET ADDRESS 14708 BALQUAN RD.	
CITY-ST-ZIP MIAMI FL		14 CITY-ST-ZIP MIAMI, FL 33016	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **Elliott Rosen** **March 12, 1999** **305-264-8711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)