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**Feb 05 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 # 394302

(4)

1. Corporation Name
226 EAST FLAGLER CORPORATION



Principal Place of Business
**C/O LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131**

Mailing Address
**C/O LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131-1012**

3. Date Incorporated or Qualified **01/20/1972** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1459637		Applied For Not Applicable	
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent
**HARRIS, ELLIOTT
8TH FLOOR, 111 SW 3RD ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signatures types or printed name of registered agent are filled if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	KUPER, SARA	
STREET ADDRESS	80 SOUTH HIBISCUS ISLAND	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/>
NAME	KUPER, RICHARD	
STREET ADDRESS	80 SOUTH HIBISCUS ISLAND	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	TITLE		
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY - ST - ZIP		
2.1	TITLE		
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY - ST - ZIP		
3.1	TITLE		
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY - ST - ZIP		
4.1	TITLE		
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY - ST - ZIP		
5.1	TITLE		
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY - ST - ZIP		
6.1	TITLE		
6.2	NAME		
6.3	STREET ADDRESS		
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: *Rickard Kuper* *Sandra B. Mortham* **1/28/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)