

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **397178** (5)

1. Corporation Name
423 CORAL WAY, INC.



Principal Place of Business: **C/O PACIFIC R. E. MGMT CORP. #403 2490 CORAL WAY MIAMI FL 33145 US**
Mailing Address: **C/O PACIFIC R. E. MGMT CORP. #403 2490 CORAL WAY MIAMI FL 33145 US**

3. Date Incorporated or Qualified: **03/03/1972**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-1383717** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MATTHEWS, P.A.
900 INGRAHAM BLDG., 25 S.E. 2ND AVENUE
MIAMI FL**

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1706, 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, Sections 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VPST	<input type="checkbox"/> DELETE
NAME	SCHULTHEIS, THEODORE	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PASD	<input type="checkbox"/> DELETE
NAME	SIMON, XAVIER	
STREET ADDRESS	422 EAST 58 ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	SIMON, JAMES	
STREET ADDRESS	422 EAST 58 ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 or person empowered to execute the 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: **THEODORE SCHULTHEIS** *Theodore Schulteis* 2/21/96 305-859-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

4/2/96