

4 23 98 B 5363 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **397178** (5)  
1. Corporation Name  
**423 CORAL WAY, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/03/1972</b>	4. FEI Number <b>59-1383717</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MURAI, WALD, BIONDO &amp; MATTHEWS, P.A. 900 INGRAHAM BLDG., 25 S.E. 2ND AVENUE MIAMI FL</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPST	<input type="checkbox"/> DELETE		1.1 TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULTHEIS, THEODORE			1.2 NAME	SCHULTHEIS, THEODORE		
STREET ADDRESS	422 EAST 58TH STREET			1.3 STREET ADDRESS	2490 CORAL WAY # 403		
CITY-ST-ZIP	NEW YORK NY			1.4 CITY-ST-ZIP	MIAMI, FL		
TITLE	PASD	<input type="checkbox"/> DELETE		2.1 TITLE	PASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, XAVIER			2.2 NAME	SIMON, XAVIER		
STREET ADDRESS	422 EAST 58 ST.			2.3 STREET ADDRESS	2490 CORAL WAY # 403		
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP	MIAMI, FL.		
TITLE	VPST	<input type="checkbox"/> DELETE		3.1 TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, JAMES			3.2 NAME	SIMON, JAMES		
STREET ADDRESS	422 EAST 58 ST.			3.3 STREET ADDRESS	2490 CORAL WAY # 403		
CITY-ST-ZIP	NEW YORK NY			3.4 CITY-ST-ZIP	MIAMI, FL.		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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)(j), 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 \_\_\_\_\_

CR2E034 (10/97)