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Apr 08 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 # 565169 (0)

1. Corporation Name
33RD AVE. INVESTMENTS, INC.



Principal Place of Business

Mailing Address

~~N LOVITCH MANELLA & KLAPHOLZ P A
2200 HOLLYWOOD BLVD
HOLLYWOOD FL 33020~~

~~N LOVITCH MANELLA & KLAPHOLZ P A
2200 HOLLYWOOD BLVD
HOLLYWOOD FL 33020~~

3. Date Incorporated or Qualified
01/10/1978

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 2500 Hollywood Blvd.
Suite, Apt. #, etc

26 2500 Hollywood Blvd.
Suite, Apt. #, etc

22 Suite 212

27 Suite 212

23 Hollywood, Fl.
City & State

28 Hollywood, Fl.
City & State

24 33020 25 Broward

29 33020 30 Broward

4. FEI Number
65-0119150
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANELLA, ROSS ESQ.
~~2208 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2500 Hollywood Blvd.
83 Suite 212
84 City
Hollywood, FL 85 Zip Code
33020

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

Ross Manella

3/31/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	BRISSON, JEAN CLAUDE	
STREET ADDRESS	1080 ST MATHIEU, APT 203	
CITY - ST - ZIP	MONTREAL QU	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DESCHAMPS, MARCELLE	
STREET ADDRESS	1080 ST MATHIEU, APT 203	
CITY - ST - ZIP	MONTREAL QU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRISSON, CATHERINE	
STREET ADDRESS	1080 ST MATHIEU, APT 203	
CITY - ST - ZIP	MONTREAL QU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRISSON, GREGOIRE	
STREET ADDRESS	1080 ST MATHIEU, APT 203	
CITY - ST - ZIP	MONTREAL QU	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	Montreal P.Q. Canada H3H 2S8
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	Montreal P.Q. Canada H3H 2S8
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002137350
6.3 STREET ADDRESS	-04/09/97--01003--045
6.4 CITY - ST - ZIP	***165.00

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. 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:

Jean Claude Brisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jean Claude Brisson

3/26/97

(954) 925-3355

CR2E034 (9/96)