


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702891 (3)
 1. Corporation Name
ONE SEVEN TWO HOLDING ASSOCIATION INC

Principal Place of Business % DONNA RIVERA-HARRIS 7910 NW 25 ST #200 MIAMI FL 33122	Mailing Address % DONNA RIVERA-HARRIS 7910 NW 25 ST #200 MIAMI FL 33122
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3. Date Incorporated or Qualified 09/13/1961		
4. FEI Number 59-0999024	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 C/O Judy A. Johnson Suite, Apt. #, etc. 22 200 City & State 23 Miami, Fla. Zip 24 33122	2a. Mailing Address 26 7910 NW 25th Street Suite, Apt. #, etc. 27 200 City & State 28 Miami, Fla. Zip 29 33122	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent ALBO, JUAN C. 7910 NW 25 ST., STE. 200 MIAMI FL 33122	10. Name and Address of New Registered Agent 81 Name Pearlman, Warren 82 Street Address (P.O. Box Number Is Not Acceptable) 7910 NW 25th Street, STE. 200 83 84 City Miami 85 Zip Code FL 33122
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11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Warren Pearlman (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PO	NAME RIVERA-HARRIS, DONNA	1.1 TITLE PD
STREET ADDRESS 750 PINECREST DRIVE	CITY-ST-ZIP MIAMI FL	1.2 NAME JUDYA, JOHNSON
<input checked="" type="checkbox"/> DELETE		1.3 STREET ADDRESS 9765 S.W. 53rd term
TITLE STD	NAME ALBO, JUAN C	1.4 CITY-ST-ZIP Miami, FLA. 33165
STREET ADDRESS 421 N.W. 62 AVE	CITY-ST-ZIP MIAMI FL 33126	2.1 TITLE STD
<input checked="" type="checkbox"/> DELETE		2.2 NAME WARREN PEARLMAN
TITLE VD	NAME O'CONNOR, THOMAS	2.3 STREET ADDRESS 14530 S.W. 287 ST.
STREET ADDRESS 7200 S.W. 133 ST.	CITY-ST-ZIP MIAMI FL 33156	2.4 CITY-ST-ZIP Homestead, FL. 33033
<input checked="" type="checkbox"/> DELETE		3.1 TITLE VD
TITLE	NAME	3.2 NAME Joseph J. Calligan
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS 4995 S.W. 79 Ave. RE. 115
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP Miami, FL. 33166
TITLE	NAME	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE
<input type="checkbox"/> DELETE		5.2 NAME 10000266515
TITLE	NAME	5.3 STREET ADDRESS -10/16/98--01009--040
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP ***8.75
<input type="checkbox"/> DELETE		6.1 TITLE
TITLE	NAME	6.2 NAME 100002665151
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS -10/16/98--01009--039
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP ***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy A. Johnson Effective 305-9116/98 591-0134
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)