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Apr 14 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 # 826088

(7)

1. Corporation Name

GANZ CAPITAL MANAGEMENT, INC.

Principal Place of Business

2875 NE 191 ST PH I  
N MIAMI BCH FL 33180

Mailing Address

2875 NE 191 ST PH I  
N MIAMI BCH FL 33180-2801

3. Date Incorporated or Qualified

04/26/1971

3a. Date of Last Report

01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANZ, CHARLES B.  
2875 NE 191 ST  
PENTHOUSE I  
N MIAMI BCH FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOPEZ-ZALDIVAR, GLORIA	
STREET ADDRESS	2875 NE 191 ST	
CITY- ST- ZIP	N MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GANZ, ELINOR	
STREET ADDRESS	2875 NE 191 ST	
CITY- ST- ZIP	N MIAMI BCH FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	GANZ, CHARLES B	
STREET ADDRESS	2875 NE 191 ST	
CITY- ST- ZIP	N MIAMI BCH FL	
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		

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAVORKA, DIANE	
1.3 STREET ADDRESS	2875 NE 191 STREET	
1.4 CITY- ST- ZIP	N MIAMI BCH FL	
2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FERNANDEZ, JOSEPH	
2.3 STREET ADDRESS	2875 NE 191 STREET	
2.4 CITY- ST- ZIP	N MIAMI BCH FL	
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		
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:

*Charles B. Ganz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 1997 (305) 936-0050

Date

Daytime Phone #

0243964

CR2E034 (9/96)