


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F83356 (8)		
1. Corporation Name STEPHANIE HECKERLING HOFFMAN, INC.		

FILED

97 SEP 29 AM 10: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business % STUART K. HOFFMAN 3317 TOLEDO STREET CORAL GABLES FL 33134		Mailing Address % STUART K. HOFFMAN 3317 TOLEDO STREET CORAL GABLES FL 33134	
2. Principal Place of Business 21 Stephanie H. Hoffman		2a. Mailing Address 26 Stephanie H. Hoffman	
22 Suite, Apt. #, etc. 4601 Riviera Dr.		27 Suite, Apt. #, etc. 4601 RIVIERA DRIVE	
23 City & State Coral Gables FL		28 City & State CORAL GABLES	
24 Zip 33146		29 Zip 33146	
25 Country USA		30 Country U.S.A.	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1982	3a. Date of Last Report 06/25/1996
4. FEI Number 59-2224013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 HOFFMAN, STUART K CENTRUST FINANCIAL CENTER 100 S.E. 2ND STREET MIAMI FL 33131	
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10. Name and Address of New Registered Agent	
81 Name HECKERLING, RUTH	82 Street Address (P.O. Box Number is Not Acceptable) 625 BILTMORE WAY #707
83 City CORAL GABLES, FLORIDA	84 Zip Code 33134

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 *Stephanie Hoffman* DATE 9.15.97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	NAME HOFFMAN, STEPHANIE H.
STREET ADDRESS 3317 TOLEDO STREET	CITY-ST-ZIP CORAL GABLES FL
TITLE VP	NAME HOFFMAN, STUART K.
STREET ADDRESS 3317 TOLEDO STREET	CITY-ST-ZIP CORAL GABLES FL
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	1.2 NAME HOFFMAN, STEPHANIE H.
1.3 STREET ADDRESS 4601 RIVIERA DRIVE	1.4 CITY-ST-ZIP CORAL GABLES, FLORIDA 33146
2.1 TITLE VP	2.2 NAME RUTH HECKERLING
2.3 STREET ADDRESS 625 BILTMORE WAY #707	2.4 CITY-ST-ZIP CORAL GABLES, 33134
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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 *Stephanie Hoffman* DATE 8.31.97 305-6082270

CR2E034 (4/97)