

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H53965 (0)

1. Corporation Name
MIAMI GARDENS EXTENSION ROAD CORP.

Principal Place of Business
% MURRAY BLATTMAN
150 NW 168TH STREET
NORTH MIAMI BEACH FL 33169

Mailing Address
% MURRAY BLATTMAN
150 NW 168TH STREET
NORTH MIAMI BEACH FL 33169-8034



3. Date Incorporated or Qualified 04/25/1985
3a. Date of Last Report 01/29/1996

2. Principal Place of Business 21 90 GARY COHEN Suite, Apt. #, etc. 22 17971 BISCAYNE BLVD #220 City & State 23 NO MIAMI BEACH FL Zip 24 33160	2a. Mailing Address 26 90 GARY COHEN Suite, Apt. #, etc. 27 17971 BISCAYNE BLVD #220 City & State 28 NO MIAMI BEACH FL Zip 29 33160	4. FEI Number 65-0136248 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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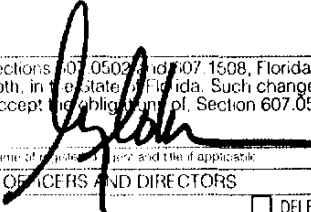
9. Name and Address of Current Registered Agent

BLATTMAN, MURRAY
150 NW 168TH STREET
NORTH MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name GARY COHEN
82 Street Address (P.O. Box Number is Not Acceptable)
17971 BISCAYNE BLVD #220
83
84 City NO MIAMI BEACH FL 85 Zip Code 33160

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 1/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GARY	1.2 NAME	
STREET ADDRESS	3033 NE 183RD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATTMAN, MURRAY	2.2 NAME	
STREET ADDRESS	150 N.W. 168TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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:  DATE 1/16/97 305-935-9206
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)