


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J38840 (1)					
1. Corporation Name ILISA DREW CORP.					
Principal Place of Business % GARY P. COHEN 46 S.W. 1ST STREET, SUITE #400 MIAMI FL 33130		Mailing Address % GARY P. COHEN 46 S.W. 1ST STREET, SUITE #400 MIAMI FL 33130			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 06-5385926	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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 COHEN, GARY P. 46 S.W. 1ST STREET SUITE #400 MIAMI FL 33130				10. Name and Address of New Registered Agent	
				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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME DP					
1.3 STREET ADDRESS ELSON, NORMAN					
1.4 CITY-ST-ZIP 701 S. ALHAMBRA CIRCLE					
1.5 CITY-ST-ZIP CORAL GABLES FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME D					
2.3 STREET ADDRESS GOLUB, ILISA					
2.4 CITY-ST-ZIP 6855 SW 112 STREET					
2.5 CITY-ST-ZIP MIAMI FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME D					
3.3 STREET ADDRESS ELSON, ANDREW					
3.4 CITY-ST-ZIP 8075 S.W. 107TH AVE #103					
3.5 CITY-ST-ZIP MIAMI FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

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

SIGNATURE:

1/20/98 (305) 883-1920