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FILED
Apr 28 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 # J51231 (5)

1. Corporation Name
CORAL WAY SHOPPING PLAZA, INC.



Principal Place of Business: 2601 S. BAYSHORE DR. SUITE 1425 MIAMI FL 33133
Mailing Address: 2601 S. BAYSHORE DR. SUITE 1425 MIAMI FL 33133-5413

3. Date Incorporated or Qualified: 01/05/1987
3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-2754462
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-30: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent: FREEMAN, ROBERT A. P.A. 2601 S BAYSHORE DR SUITE 1425 MIAMI FL 33133
10. Name and Address of New Registered Agent (81-85):
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, ESTELLE	1.2 NAME	
STREET ADDRESS	7550 PONCE DE LEON RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	1.4 CITY - ST - ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ROBERT A.	2.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR., #1425	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	2.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLUM, CATHIE ELLEN	3.2 NAME	
STREET ADDRESS	145 S.E. 25TH RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33129	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: Cathie-ElLEN McCallum, Vice-Pres./Secy. 4/10/97 (305) 858-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)