FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

J65115

(4)

312 S. OCEAN DRIVE INC.

312 3. OCEAN DRIVE, 1190.										
Principal Place of Business Mailing Address						~	I Mike Midki Midki		AISIL BIGIL IOOL	
1024 OCEAN DR. MIAMI BEACH FL 33139		1024 OCEAN DR. MIAMI BEACH FL 33139								
						3. Date Incorporated or Qualified 04/02/1987	3a. Date o	f Last R 27/19		
	ace of Business	2a. Mailing Address	¬ ~ ~			4. FEI Number			Applied For	
Suite, Apt.	# olc	26				59-2785081			Not Applicable	
22		27 Stille, Apr. #, etc	i de la companya de			5. Certificate of Status Desired		-	Additional Required	
City & State 23	•	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip 24	Country 7 ₄ p 25 29			try		8. This corporation has liability for intangible tax under s 199.032, Florioa Statutes 3 Yes No				
	9. Name and Address of Curre		30]			10. Name and Address of New R		jent		
				B1 Na	me	77 - 1871				
	EVELYN LANGLIEB		-	32 Str	eet Addre	ess (P.O. Box Number is Not Acceptab	le)			
2400 SU SUITE #	OUTH DIXIE HWY		- -	33		ATA	 			
MIAMI F										
***************************************	2 00 100		;	34 Oit	У		FL	85 Z ₁	o Code	
or register	to the provisions of Sections 607,056 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	rda. Such change was autho	rized by the co	e name orporati	d corpora on's board	ation submits this statement for the pur If of directors. Thereby accept the appo	pose of chang pintment as re	ging its r gistered	egistered office agent. Lam	
SIGNATURE _									Ì	
12.	Signature typed or printed ment of required Lag-	otan Brotopioso ND DIRECTORS	NÖIL Rayi Jored /	g-dage	dure risq m-sh		[MT:			
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14. Ido hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 cath, that I am an officer or director of the composition or this receiver or trusted 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABRIAN ALEXANDMY/17/96 305/538-9802