

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.)

FILED
 Aug 26 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 # **J95769** (2)
 1. Corporation Name
COCONUT GROVE LAND AND CATTLE COMPANY



Principal Place of Business 3075 A SW 28 ST MIAMI FL 33133 US	Mailing Address 3075 A SW 28 ST MIAMI FL 33133 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/05/1987		3a. Date of Last Report 07/31/1996	
4. FEI Number 65-0038397		Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address	
21	26	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
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 MYKYTKA, STANLEY THOMAS 3075 S.W. 28TH STREET COCONUT GROVE FL 33133		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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	P <input type="checkbox"/> DELETE	1.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYKYTKA, STANLEY THOMAS	1.2 NAME	MYKYTKA, STANLEY THOMAS
STREET ADDRESS	3075 S.W. 28TH STREET	1.3 STREET ADDRESS	3075 S.W. 28 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	S/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDONA, TERE MYKYTKA	2.2 NAME	Cardona, Tere MykytkA
STREET ADDRESS	8039 LAKE DRIVE, #204	2.3 STREET ADDRESS	3075 SW 28 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDONA, CARLOS	3.2 NAME	Cardona, Carlos
STREET ADDRESS	8039 LAKE DR #204	3.3 STREET ADDRESS	3075 S.W. 28 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO, STEPHAN	4.2 NAME	
STREET ADDRESS	2101 S.W. 24 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: *[Handwritten Signature]* *[Handwritten Signature]*

CR2E034 (4/97)