

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K65083** (3)

1. Corporation Name
CORAL OAKS CORPORATION



Principal Place of Business: **10530 S.W. 57TH AVE. MIAMI FL 33156**
Mailing Address: **10530 S.W. 57TH AVE. MIAMI FL 33156**

3. Date Incorporated or Qualified: **02/06/1989**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **65-0099525**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**ROBERT A. KIMMEL
7250 SW 102 ST.
MIAMI FL 33156**

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: **FL**

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 of person in charge of registered agent and filer of report

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: P	NAME: SOCHET, IRA	STREET ADDRESS: 5701 SUNSET DR #315	CITY-STATE-ZIP: SOUTH MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: C	NAME: KIMMEL, ROBERT	STREET ADDRESS: 7250 S.W. 102 ST.	CITY-STATE-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE: S	NAME: MORTON, RICHARD	STREET ADDRESS: 180 SOLANA PRADO	CITY-STATE-ZIP: MIAMI FL	<input type="checkbox"/> DELETE
TITLE: T	NAME: KIMMEL, PATRICIA	STREET ADDRESS: 7250 SW 102 ST.	CITY-STATE-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE: P	NAME: BOB OWENS	STREET ADDRESS: 5795 SW 99 TERR.	CITY-STATE-ZIP: MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 1 TITLE: C	NAME: ALAN RAFF	STREET ADDRESS: 11096 MONFORD ST.	CITY-STATE-ZIP: CORAL GABLES, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 1 TITLE: T	NAME: STEVE TAYLOR	STREET ADDRESS: 4051 ENSENADA AVE.	CITY-STATE-ZIP: MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 1 TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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: *Alan Raff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Time Phone #

CR2E034 (12/95)