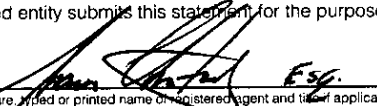
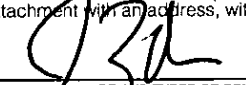


2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90543 013 ***150.00

DOCUMENT # L23040			
1. Entity Name CRESCENT HEIGHTS X, INC.			
Principal Place of Business 555 NE 15 STREET 2ND FLOOR MIAMI FL 33132		Mailing Address 555 NE 15 STREET 2ND FLOOR MIAMI FL 33132	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GALBUT, ABRAHAM A 999 WASHINGTON AVE SUITE 100 MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent Name Sharon Christenbury Street Address (P.O. Box Number is Not Acceptable) 555 N.E. 15th Street, Second Floor City Miami FL Zip Code 33132	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  DATE 2/5/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
PD	KAHN, SONNY	555 NE 15 STREET MIAMI FL 33132	
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
VPD	GALBUT, RUSSELL	555 NE 15 STREET MIAMI FL 33132	
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
S	DACHOH, SHLOMO	555 NE 15 STREET MIAMI FL 33132	
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
T	GUTIERREZ, MIGUEL	555 NE 15 STREET MIAMI FL 33132	
<input checked="" type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
Chairman			
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
President			
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
Treasurer	Joseph Zdon	555 NE 15th Street, Second Floor Miami, Florida 33132	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
Vice President	Sharon Christenbury	555 NE 15th Street, Second Floor Miami, Florida 33132	
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JOSEPH ZDON, TREASURER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/5/01 Daytime Phone # (305) 374-5700	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)