


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 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 # L94889 (7) 1. Corporation Name ARLENE INVESTMENTS, INC.					
Principal Place of Business 2601 S BAYSHORE DR STE 1600 MIAMI FL 33133 US			Mailing Address 2601 S BAYSHORE DR SUITE 1600 MIAMI FL 33133-5413 US		
2. Principal Place of Business 21 1505 W. 23 St.		2a. Mailing Address 26 1505 W. 23 St		3. Date Incorporated or Qualified 07/25/1990	
Suite, Apt. #, etc. 22 Sunset Island #3		Suite, Apt. #, etc. 27 Sunset Island #3		3a. Date of Last Report 03/26/1996	
City & State 23 Miami Beach, FL		City & State 28 Miami Beach, FL		4. FEI Number 65-0225189	
Zip 24 33140		Zip 29 33140		Applied For Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent SCHWARTZ, BENJAMIN S 2801 S BAYSHORE DR STE 1600 MIAMI FL 33133			10. Name and Address of New Registered Agent 81 Name David Shapiro 82 Street Address (P.O. Box Number is Not Acceptable) 1505 W. 23 St. 83 Sunset Island #3 84 City Miami Beach FL 85 Zip Code 33140		
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 <i>David Shapiro</i> David Shapiro 3/31/97 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>					
12. OFFICERS AND DIRECTORS					
TITLE OP <input type="checkbox"/> DELETE NAME GLINN, FRANKLIN B STREET ADDRESS 80 SW 13TH ST CITY-ST-ZIP MIAMI FL					
TITLE VSD <input type="checkbox"/> DELETE NAME SCHWARTZ, BENJAMIN S STREET ADDRESS 5480 SW 94TH TERRACE CITY-ST-ZIP MIAMI FL					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: *Benjamin S. Schwartz* **Benjamin S. Schwartz** **3/24/97** **(205) 666-5555**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-mo Phone #

CR2E034 (9/96)