


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

FILED

May 08 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 # M02702 (2)
1. Corporation Name
MIAMI DIVER II, INC.

Principal Place of Business 3621 NE 1 CT MIAMI FL 33137 US	Mailing Address 3621 NE 1 CT MIAMI FL 33137-3609 US
---	--

3. Date Incorporated or Qualified 07/13/1984	3a. Date of Last Report 04/22/1996
---	---------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2428420 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	---	--	---

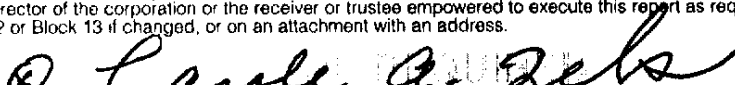
9. Name and Address of Current Registered Agent ZELS, CAROLE 1950 N HIBISCUS DR. NORTH MIAMI FL 33181	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ZELS, CAROLE STREET ADDRESS 1950 N HIBISCUS DR. CITY-ST-ZIP N. MIAMI FL	1.1 TITLE DIRECTOR	1.2 NAME ZELS, CAROLE 1.3 STREET ADDRESS 1950 N HIBISCUS DR. 1.4 CITY-ST-ZIP N. MIAMI FL
TITLE VP	NAME PETERS, KEVIN STREET ADDRESS 13621 NE 1 AVE CITY-ST-ZIP NO MIAMI FL	2.1 TITLE PRES	2.2 NAME PETERS, KEVIN 2.3 STREET ADDRESS 13621 NE 1 AVE 2.4 CITY-ST-ZIP N. MIAMI FL
TITLE ST	NAME KATHLEEN BUSCHER STREET ADDRESS 13155 IXORA CT., APT 507 CITY-ST-ZIP N. MIAMI FL	3.1 TITLE	3.2 NAME
TITLE	NAME	4.1 TITLE	4.2 NAME
TITLE	NAME	5.1 TITLE	5.2 NAME
TITLE	NAME	6.1 TITLE	6.2 NAME

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:  30 APRIL 97 5719700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)