

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

FILED
May 16 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 # M16298 (5)
1. Corporation Name
HENRY C. TIE SHUE CORP.

Principal Place of Business
126 OROUIDEA AVE
MIAMI FL 33143
US

Mailing Address
126 OROUIDEA AVE
MIAMI FL 33143-6558
US

3. Date Incorporated or Qualified 06/13/1985	3a. Date of Last Report 05/09/1996
4. FEI Number 59-2537190	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent TIE SHUE, HENRY C. 126 OROUIDEA AVE MIAMI FL 33143	10. Name and Address of New Registered Agent 81 Name Henry C. Tie Shue 82 Street Address (P.O. Box Number is Not Acceptable) 5775 Blue Lagoon Drive 83 Suite 400 84 City Miami 85 Zip Code FL 33126
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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 TIE SHUE, HENRY C. STREET ADDRESS 126 OROUIDEA AVE CITY-ST-ZIP MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE CEO/Director 1.2 NAME Henry C. Tie Shue 1.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400 1.4 CITY-ST-ZIP Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME TIE SHUE, PATRICIA C. STREET ADDRESS 126 OROUIDEA AVE CITY-ST-ZIP MIAMI FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE CDO/President/Director 2.2 NAME Shapiro, Stanley I. 2.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400 2.4 CITY-ST-ZIP Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	3.1 TITLE COO/Director 3.2 NAME Levine, Howard 3.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400 3.4 CITY-ST-ZIP Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE Secretary/Director 4.2 NAME Hilinski, Scott F. 4.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400 4.4 CITY-ST-ZIP Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE _____ DAYTIME PHONE # 0199340