


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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M37828 (4)			
1. Corporation Name MANHATTAN-MIAMI SALES COMPANY			
Principal Place of Business 5019 N.W. 165TH ST. HIALEAH FL 33014		Mailing Address 5019 N.W. 165TH ST. HIALEAH FL 33014-6330	
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	
9. Name and Address of Current Registered Agent SCHIFF, JAMES M. 1501 VENERA AVENUE SUITE 205 MIAMI FL 33146			
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>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: D 2. NAME: KITTAY, HAROLD 3. STREET ADDRESS: 8315 W. 20TH AVE. 4. CITY-ST-ZIP: HIALEAH FL		1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE: PD 6. NAME: EDELSTEIN, ALAN 7. STREET ADDRESS: 5019 NW 165 ST 8. CITY-ST-ZIP: HIALEAH FL		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. TITLE: <input type="checkbox"/> DELETE 10. NAME: <input type="checkbox"/> DELETE 11. STREET ADDRESS: <input type="checkbox"/> DELETE 12. CITY-ST-ZIP: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. TITLE: <input type="checkbox"/> DELETE 14. NAME: <input type="checkbox"/> DELETE 15. STREET ADDRESS: <input type="checkbox"/> DELETE 16. CITY-ST-ZIP: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. TITLE: <input type="checkbox"/> DELETE 18. NAME: <input type="checkbox"/> DELETE 19. STREET ADDRESS: <input type="checkbox"/> DELETE 20. CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
21. TITLE: <input type="checkbox"/> DELETE 22. NAME: <input type="checkbox"/> DELETE 23. STREET ADDRESS: <input type="checkbox"/> DELETE 24. CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>[Signature]</i> ALAN EDELSTEIN 4/24/97 (305) 628-3630			



CR2E034 (9/96)