

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 (21-24)  
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: **09/03/1986**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-2717013**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SCHIFF, JAMES M.  
1501 VENERA AVENUE  
SUITE 205  
MIAMI FL 33146**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 of registered agent (86-90)

12. OFFICERS AND DIRECTORS

11.1 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
11.2 NAME	<b>KITTAY, HAROLD</b>	
11.3 STREET ADDRESS	<b>8315 W. 20TH AVE.</b>	
11.4 CITY-ST-ZIP	<b>HIALEAH FL</b>	
12.1 TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>EDELSTEIN, ALAN</b>	
12.3 STREET ADDRESS	<b>5019 NW 165 ST</b>	
12.4 CITY-ST-ZIP	<b>HIALEAH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
14.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME		
14.3 STREET ADDRESS		
14.4 CITY-ST-ZIP		
15.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.2 NAME		
15.3 STREET ADDRESS		
15.4 CITY-ST-ZIP		
16.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16.2 NAME		
16.3 STREET ADDRESS		
16.4 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ALAN EDELSTEIN**

Date: **4/24/97**  
Daytime Phone #: **(305) 628-3630**

CR2E034 (9/96)