

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

FILED

Feb 20 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 # M42812 (1)

1. Corporation Name
TAFT OFFICE COMPLEX, INC.

Principal Place of Business
8100 HOLLYWOOD BLVD. #208
HOLLYWOOD FL 33024

Mailing Address
8100 HOLLYWOOD BLVD. #208
HOLLYWOOD FL 33024-7982



2. Principal Place of Business 21 6365 Taft Street Suite, Apt. #, etc. 22 1001 City & State 23 Hollywood, FL Zip 24 33024		2a. Mailing Address 26 6365 Taft Street Suite, Apt. #, etc. 27 1001 City & State 28 Hollywood, FL Zip 29 33024		3. Date Incorporated or Qualified 12/08/1986		3a. Date of Last Report 05/01/1996	
22 1001		27 1001		4. FEI Number 59-2743759		Applied For Not Applicable	
23 Hollywood, FL		28 Hollywood, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 33024		29 33024		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 USA		30		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 LEVINSON, EDWARD E. 407 LINCOLN ROAD PENTHOUSE EAST MIAMI BEACH FL 33139				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, ALBERTO E.			1.2 NAME	Fernandez, Alberto E.		
STREET ADDRESS	6100 HOLLYWOOD BLVD #208			1.3 STREET ADDRESS	6365 Taft Street. #1001		
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, ALBERTO JR.			2.2 NAME			
STREET ADDRESS	6100 HOLLYWOOD BLVD #208			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, BLANCA R.			3.2 NAME	Fernandez, Blanca R.		
STREET ADDRESS	6100 HOLLYWOOD BLVD #208			3.3 STREET ADDRESS	6365 Taft St. #1001		
CITY-ST-ZIP	HOLLYWOOD FL			3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024		
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, NELSON			4.2 NAME			
STREET ADDRESS	6100 HOLLYWOOD BLVD #208			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, unchanged, or on an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97 (954) 983-6399

CR2E034 (9/96)