

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

FILED

Apr 15 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 # **M95835** (8)
1. Corporation Name
TRI-VILLE PROPERTIES, INC.



Principal Place of Business C/O ERNEST M. HALPRYN 1428 BRICKELL AVE., SUITE 105 MIAMI FL 33131	Mailing Address C/O ERNEST M. HALPRYN 1428 BRICKELL AVE., SUITE 105 MIAMI FL 33131-3494
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3. Date Incorporated or Qualified 08/24/1988	3a. Date of Last Report 10/24/1996
4. FEI Number 65-0075371	Applied For <input type="checkbox"/> 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 checked="" 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 HALPRYN, ERNEST M 1428 BRICKELL AVENUE SUITE 105 MIAMI FL 33131	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

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	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1428 BRICKELL AVE. #105	1.2 NAME	
STREET ADDRESS	MIAMI FL 33131	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DST	2.2 NAME	
STREET ADDRESS	LABIANCA, PHILIP	2.3 STREET ADDRESS	
CITY- ST- ZIP	1428 BRICKELL AVE. #105	2.4 CITY- ST- ZIP	
	MIAMI FL 33131		
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DPD	3.2 NAME	
STREET ADDRESS	HALPRYN, ERNEST M	3.3 STREET ADDRESS	
CITY- ST- ZIP	1428 BRICKELL AVE. #105	3.4 CITY- ST- ZIP	
	MIAMI FL 33131		
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	AS	4.2 NAME	
STREET ADDRESS	WEISBERG, ALAN J	4.3 STREET ADDRESS	
CITY- ST- ZIP	1428 BRICKELL AVE. #105	4.4 CITY- ST- ZIP	
	MIAMI FL 33131		
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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, changed, or on an attachment with an address.

SIGNATURE:  Ernest M. Halpryn 1/6/97 (305) 371-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)