

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002886 (9)

1. Corporation Name

PRAIRIE GOTHIC DEVELOPMENT CORPORATION

Principal Place of Business

4501 PRAIRIE AVENUE
MIAMI BEACH FL 33140

Mailing Address

4501 PRAIRIE AVENUE
MIAMI BEACH FL 33140



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/03/1992	3a. Date of Last Report 07/07/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0392125	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WEINTRAUB, ARLEEN R
4501 PRAIRIE AVENUE
SUITE #1
MIAMI BEACH FL 33140

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINTRAUB, ARLEEN	1.2 NAME	WEINTRAUB, ARLEEN R.
STREET ADDRESS	4501 PRAIRIE AVE.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL 33140	1.4 CITY-STATE-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, SARAH E	2.2 NAME	
STREET ADDRESS	4501 PRAIRIE AVE.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL 33140	2.4 CITY-STATE-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, PHILLIP K	3.2 NAME	SCHNEIDER, PHILLIP K.
STREET ADDRESS	4501 PRAIRIE AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALINAS, SILVIA	4.2 NAME	
STREET ADDRESS	4501 PRAIRIE AVE.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Arleen R. Weintraub* *Arleen R. Weintraub* 3/5/96 305-44-1435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)