

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

**APPROVED
AND
FILED**

1997 FEB 11 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000014514 (2)
1. Corporation Name
7TH & 5TH DECO CORP.

Principal Place of Business: 448 COLLINS AVE XXXX MIAMI BEACH FL 33139
Mailing Address: XXXXX COLLINS AVE XXXX MIAMI BEACH FL 33139-0610

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	One South Pointe Dr Suite, Apt. #, etc.	26	One South Pointe Dr Suite, Apt. #, etc.	02/25/1993	03/22/1996
22	City & State Miami Beach FL	27	City & State Miami Beach FL	4. FEI Number	Applied For
23	Zip 33139	28	Zip 33139	65-0401529	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THREATT, ROBERT R. XXX COLLINS AVENUE XXX MIAMI BEACH FL 33139		One S. Pointe Dt.	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	600002084226--0 -02/11/97--00153--008 ****165.00 FL ***199.00	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER THOMAS	1.2 NAME	
STREET ADDRESS	448 COLLINS AVE XXXX	1.3 STREET ADDRESS	One South Pointe Dr
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach FL 33139
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAU H	2.2 NAME	
STREET ADDRESS	448 COLLINS AVE XXXX	2.3 STREET ADDRESS	One South Pointe Dt.
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach FL 33139
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEE, M.	3.2 NAME	
STREET ADDRESS	448 COLLINS AVE XXXX	3.3 STREET ADDRESS	One South Pointe Dr.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach FL 33139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Lee* V.P. 2/7/97 305-532-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/96)