

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

FILED

May 12 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 # P93000026464 (6)

1. Corporation Name

CRESCENT HEIGHTS XXXVI, INC.

Principal Place of Business

999 WASHINGTON AVE
MIAMI BEACH FL 33139

Mailing Address

999 WASHINGTON AVE
MIAMI BEACH FL 33139-5015



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1993	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0400459	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

ABRAHAM A. COALBOT
999 WASHINGTON AVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name *Abraham GALBOT*
82 Street Address (P.O. Box Number is Not Accepted) *999 Washington Ave*
83 *Also*
84 City *Miami Beach* FL 85 Zip Code *33139*

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	KAHN, SONNY	
STREET ADDRESS	999 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	DELETE <input type="checkbox"/>
NAME	GALBOT, RUSSELL W	
STREET ADDRESS	999 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	DELETE <input type="checkbox"/>
NAME	DACHOH, SULOMO	
STREET ADDRESS	5445 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 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 to the best of my knowledge and belief, 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 or on an attachment with an address.

SIGNATURE:

Abraham A. Coalbot

1/19/97 305-672-3100

CR2E034 (9/96)