

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045639 (0)**

1. Corporation Name

33 S.W. 2ND AVENUE MANAGEMENT, INC.

Principal Place of Business

**33 SW 2 AVE
MIAMI FL 33130**

Mailing Address

**33 SW 2 AVE
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/29/1993** 3a. Date of Last Report **01/25/1994**

4. FEI Number **APPLIED FOR** *65-0474913* Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	Zip	Country
24	29	30	

9. Name and Address of Current Registered Agent

**HECHT, ALAN R
2870 NE 215 ST
MIAMI FL 33180**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Numbers 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME	DP DONNER, WILLIAM I	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	33 SW 2 AVE	2. NAME	
3. CITY & STATE	MIAMI FL 33130	3. STREET ADDRESS	
4. NAME	D HECHT, ALAN R	4. CITY & STATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	2870 NE 215 ST	5. NAME	
6. CITY & STATE	MIAMI FL 33180	6. STREET ADDRESS	
7. NAME		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. NAME	
9. CITY & STATE		9. STREET ADDRESS	
10. NAME		10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. NAME	
12. CITY & STATE		12. STREET ADDRESS	
13. NAME		13. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. NAME	
15. CITY & STATE		15. STREET ADDRESS	

14. I, the undersigned, certify that the information contained within this filing was truthfully furnished and does not qualify for the exemptions stated in the year 1995/96 Florida Statutes. I further certify that the information contained in this report is true and accurate and that the registrant shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that I am qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Chapter 12 of the Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR
WILLIAM DONNER, Pres.

4/26/95 375-9422