SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000052537 (6)

FLAGLER 87, INC.

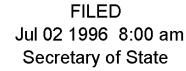
8680 W FLAGLER ST

Principal Place of Business

MIAMI FL 33144

Mailing Address

8680 W FLAGLER ST MIAMI FL 33144





								3. Date Incorporated or Qualified 07/28/1993		of Last Report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied Fo		
21							· · · · · · · · · · · · · · · · · · ·	65-0425451 Not Applicable		
Suite, Apl. #, etc				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State				City & State				6. Flection Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip	Country			Zip Country				8. This corporation has liability for intangible tax under s. 190.032,		
24	25			30				Florida Statutes Yes No		
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
GL	JILLEN, MARIO	1			8	1 N	ame			
17700 N.W. 85TH AVENUE						2 St	Street Address (P.O. Box Number is Not Acceptable)			
	/700 14.17. 0511 JITE 3	oz street Au			neet Addi	areas (1.0. Bex Northberta No. Aeceptabar)				
	AMI FL 33015				8	3				
THE STATE OF THE S	WII LF 22012									
					8	4 C	rty		FI I	85 Zip Code
agent Lar	egistereo agent	or both, in the Sta	ite of Floridi	7.1508, Florida Statu a Such change was Section 607.0505 F	authorized b	v the	ned corpo corporatio	oration submits this statement for the puons board of directors. Thereby accept	rpose of cha the appointr	inging its registered nent as registered
SIGNATURE .	Signature traces to or	ried name of registered	navat naditi. B	Lead and the	050 50			ect when reinstating)		
12.	organization type of a pr	OFFICERS /	. 		13.	genisg	maisse require		DAIL	IDEATORO III.
TITLE	PVS		11407 6511 120	DELETE	11 JULE		1	ADDITIONS/CHANGES TO OFFIC	EHS AND D	Change Addition
NAME	GUILLEN, I	MARIO			1 2 NAM					Change [] Addition
STREET ADDRESS	17700 N.W. 85 AVENUE				4					
	MIAMI FL 33015					ET ADDR				
CITY-ST-ZIP TITLE	T	1010				S1-21F				
	ACCOTA I	O A O I III II		[DELETE	2 1 TITLE				L_j	Change Addition
NAME	ACOSTA, J			2 2 NAMI						
STREET ADDRESS	4521 SW 1					3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 3	3134				2 4 CrTY - ST - ZIP				
TITLE				DELFTE 3111		E				Change Addition
NAME					3.2 NAME		}			
STREET ADDRESS					3 3 S FRE	ET ADDA	RESS			
CITY-ST-ZIP					3.4 CITY	- ST - ZH	P			
TITLE				DELETE	4 1 TeTLE					Change Addition
NAME					4-2 NAM	F				
STREET ADDRESS					4 3 S I R F	E1 ADDF	RESS			
CITY-ST-ZIP					4.4 CITY	ST-ZIP				
THILE				DELETE	5 1 TIFLE					Change Addition
NAME					5.2 NAME					
STREET ADDRESS					5 3 STREE	ACCA 13	RESS			
CITY - ST - ZIP					5.4 CITY	ST-ZIP	. [į
TITLE				DELETE	6 1 TITLE					Change Addition
NAME					6.2 NAME				اسط	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS					6 3 STREE		IESS			
CITY-ST-ZIP					6.4 CITY					
14. I do hereb further cer made und	rtify that the infor ier oath; that I an	mation Indicated i Lan officer or dire	on this annu ctor of the d	tal report or supplied	urnished and ierital annual ceiver or trust	does repor	not qualif	fy for the exemption stated in Section 1 and accurate and that my signature shall to execute this report as required by C	have the co	over lessel officer en in

SIGNATURE:

6-20-56
Dighter Product