

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000064708 (9)

1. Corporation Name
CRUMAR DEVELOPERS, INC.

Principal Place of Business
360 OCEAN BLVD
GOLDEN BEACH FL 33160

Mailing Address
360 OCEAN BLVD
GOLDEN BEACH FL 33160

FILED
Aug 06 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	C/O Rainbow Folding Box
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	Building #3 Bklyn Navy Yard
City & State		City & State	
23		28	Brooklyn New York
Zip	Country	Zip	Country
24		29	11205
		30	Kings
9. Name and Address of Current Registered Agent			
RODRIGUEZ, CRUZ 360 OCEAN BLVD GOLDEN BEACH FL 33160			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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 _____ (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	
NAME	RODRIGUEZ, CRUZ	1.2 NAME	
STREET ADDRESS	360 OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MEDEROS, GIL	2.2 NAME	
STREET ADDRESS	184 SOUTH ISLAND	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	MEDEROS, MARIO	3.2 NAME	
STREET ADDRESS	184 SOUTH ISLAND	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

CR2E034 (4/97)