

03/22/1999 90070 622 150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000074752

1. Corporation Name
1733 N.W. 20 STREET, INC.

Principal Place of Business Mailing Address
% ALBERGEL/NAHON % ALBERGEL/NAHON
5757 COLLINS AVENUE, #1708 5757 COLLINS AVENUE, #1708
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country Country
24 25 29 30

9. Name and Address of Current Registered Agent

DEARR, CRAIG R
9130 S. DADELAND BLVD.
TWO DATRAN CENTER-SUITE 1800
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
10/22/1993
4. FEI Number Applied For
65-0447816 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 signature required when releasing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ALBERGEL, JOSEPH	1.2 NAME	
STREET ADDRESS	5757 COLLINS AVENUE, 31708	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3/15/99

305-576-3443

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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