

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # P94000005283 (4)

1. Corporation Name

OUTER PROPERTIES CORP.

Principal Place of Business

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST
NORTH MIAMI BEACH FL 33162

Mailing Address

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST
NORTH MIAMI BEACH FL 33162-3729

3. Date Incorporated or Qualified 01/24/1994	3a. Date of Last Report 09/16/1996
4. FEI Number 13 3768863 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST
NORTH MIAMI BEACH FL 33162

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPS MURANELLI, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	599 LEXINGTON AVENUE	1.2 NAME	
STREET ADDRESS	NEW YORK NY 10043	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DP GIANNAKAKIS, STEPHEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	599 LEXINGTON AVENUE	2.2 NAME	
STREET ADDRESS	NEW YORK NY 10043	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DVAS WERNER, RICHARD B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	599 LEXINGTON AVENUE	3.2 NAME	
STREET ADDRESS	NEW YORK NY 10043	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPAS SHELLY, LAURIE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	599 LEXINGTON AVENUE	4.2 NAME	
STREET ADDRESS	NEW YORK NY 10043	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPAS PAKRAVAN, PERRY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	599 LEXINGTON AVENUE	5.2 NAME	
STREET ADDRESS	NEW YORK NY 10043	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPT BRANDI, TERESA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	599 LEXINGTON AVENUE	6.2 NAME	
STREET ADDRESS	NEW YORK NY 10043	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.

SIGNATURE:

John Muranelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

212-552-1862

Date

Daytime Phone #

0221413

CR2E034 (9/96)