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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000007402 (8)

**1. Corporation Name
404 INVESTCORP, INC.**



**Principal Place of Business
C/O THOMAS KRAMER
446 COLLINS AVENUE
MIAMI BEACH FL 33139**

**Mailing Address
C/O THOMAS KRAMER
446 COLLINS AVENUE
MIAMI BEACH FL 33139-6610**

3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 03/22/1996
4. FEI Number 65-0400943	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 One S. Pointe Dr. Suite, Apt. #, etc.	26 One S. Pointe Dr. Suite, Apt. #, etc.
22	27
23 City & State Miami Beach FL	28 City & State Miami Beach FL
24 Zip 33139	29 Zip 33139
25 Country	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THREAT, ROBERT R 446 COLLINS AVENUE XXX MIAMI BEACH FL 33139	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) One S. Pointe Dr.
	83
	84 City Miami Beach FL 85 Zip Code 33139

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	NAME KRAMER, THOMAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 446 COLLINS AVENUE XXX	CITY-ST-ZIP MIAMI BEACH FL	1.2 NAME	
TITLE VP	NAME HANAU, H.	1.3 STREET ADDRESS One S. Pointe Dr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 446 COLLINS AVENUE XXX	CITY-ST-ZIP MIAMI BEACH FL	1.4 CITY-ST-ZIP Miami Beach FL 33139	
TITLE VS	NAME NEE, M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 446 COLLINS AVENUE XXX	CITY-ST-ZIP MIAMI BEACH FL 33139	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS One S. Pointe Dr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP Miami Beach FL 33139	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS One S. Pointe Dr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP Miami Beach FL 33139	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Margaret Nee, VP **Date:** 2/19/97 **Daytime Phone #:** 305 532-2519

CR2E034 (9/96)

Handwritten: JB2-24-97