

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

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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000018201 (1)

1. Corporation Name
3153 INVESTMENTS, INC.



Principal Place of Business 1826 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304	Mailing Address 1826 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304-3040
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3. Date Incorporated or Qualified 03/03/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0497518	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. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
FRANZBLAU, MARK
619 KENSINGTON PLACE
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: *Mark Franzblau* DATE: **4/7/97**
Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FRANZBLAU, MARK
STREET ADDRESS	619 KENSINGTON PLACE
CITY-ST-ZIP	WILTON MANORS FL 33305
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANZBLAU, KARIN
STREET ADDRESS	4900 N. OCEAN BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	DP <input type="checkbox"/> DELETE
NAME	KHIMANI, SHAUKET A
STREET ADDRESS	9741 N.W. 11TH ST.
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KHIMANI, SAIRA
STREET ADDRESS	9741 N.W. 11TH ST.
CITY-ST-ZIP	PLANTATION FL 33322
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Shauket Ali Khimani* DATE: **4/7/97** DAYPHONE PHONE #: **(954) 525-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)