

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000043249 (9)

1. Corporation Name

SILVER BLUFF DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

8067 SW 73RD AVE
STE 16
MIAMI FL 33143
US

8067 SW 73RD AVE
STE 16
MIAMI FL 33143
US

3. Date Incorporated or Qualified
06/09/1994

3a. Date of Last Report
07/27/1995

2. Principal Place of Business
21 1500 SAN REMO AVE.

2a. Mailing Address
26 1500 SAN REMO AVE.

4. FEI Number
65-0520094

Applied For
Not Applicable

22 SUITE 220

27 SUITE 220

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 CORAL GABLES, FL

28 CORAL GABLES, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33146 25 USA

29 33146 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

LUBITZ, ALAN H ESO.
1500 SAN REMO AVENUE
STE. 220
CORAL GABLES FL 33146

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 of Registered Agent (Required for all registrations)

(NOTE: Registered Agent's signature required with initial filing)

(DATE)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESTER, ALAN S	
STREET ADDRESS	8067 SOUTHWEST 73RD AVENUE STE. 16	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRAYND, PAUL	
STREET ADDRESS	560 NW 165TH STREET RD.	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUTTEROFF, JAMES E	
STREET ADDRESS	8067 SW 73RD AVENUE STE. 3	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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		
11 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James E. Kutteroff* PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES E. KUTTEROFF PRES

JUNE 21, 1996 (305) 663-7335
Date Original Phone #

CR2E034 (3/96)