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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000057814 (3)

1. Corporation Name
SEVENTY SECOND STREET CORP.



Principal Place of Business
**2990 NW 24TH ST
 MIAMI FL 33142**

Mailing Address
**1 S.E. 3 AVE.
 STE 960
 MIAMI FL 33131-1716**

2. Principal Place of Business
 21. Suite, Apt. # etc.
 22. City & State
 23. Zip
 24. Country

2a. Mailing Address
 26. Suite, Apt. # etc.
 27. City & State
 28. Zip
 29. Country

3. Date Incorporated or Qualified
08/04/1994

3a. Date of Last Report
04/09/1996

4. FEI Number
65-0598231

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

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

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

9. Name and Address of Current Registered Agent
**ROZENWAIG, LESLIE ALAN, ESQ.
 1 S.E. 3RD AVE.
 STE 960
 MIAMI FL 33131**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

11. I declare that 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 abide by the regulations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE: _____ NAME: **DPST FLORES, ORESTES** ADDRESS: **2990 N.W. 24TH STREET MIAMI FL 33142** DELETE

TITLE: _____ NAME: _____ ADDRESS: _____ DELETE

TITLE: _____ NAME: _____ ADDRESS: _____ DELETE

TITLE: _____ NAME: _____ ADDRESS: _____ DELETE

TITLE: _____ NAME: _____ ADDRESS: _____ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. 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 included 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 included as an attachment with an address.

SIGNATURE: _____ **3/18/97 (305) 379-6100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Printed

CR2E034 (9/96)