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FILED
Mar 21 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 # P94000078230 (7)

1. Corporation Name
LOUISE STREET REAL ESTATE CORP.



Principal Place of Business
% TEMA BURK
1 GROVE ISLE DR
MIAMI FL 33133

Mailing Address
% TEMA BURK
1 GROVE ISLE DR
MIAMI FL 33133-4100

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified **10/25/1994** 3a. Date of Last Report **03/21/1996**

4. FEI Number **65-0554122** Applied For Not Applicable

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

LITMAN, NEAL S ESQ
2000 S DIXIE HWY
SUITE 200
MIAMI FL 33133

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 understand, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D BURK, TEMA**

STREET ADDRESS **1 GROVE ISLE DR**

CITY, STATE, ZIP **MIAMI FL 33133**

TITLE DELETE

NAME **D KITCHENS, JAMES R**

STREET ADDRESS **5961 SW 48TH TER**

CITY, STATE, ZIP **MIAMI FL 33155**

TITLE DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME **3801 S. LAKE DR**

2.3 STREET ADDRESS **Miami, FL 33166**

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 on Block 12 or Block 13 that changed, or for an appointment with an address.

SIGNATURE: *[Signature]* DATE: **3/12/97** 305/854-5124

SIGNATURE AND PRINTED OR ENTER NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES R. KITCHENS** (137112)

CR2E034 (9/96)