

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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000079128 (2)**  
 1. Corporation Name  
**SW 57 AVE CORP.**



Principal Place of Business <b>C/O FELDMAN, GUTTERMAN, MEINBERG, ET AL 280 PLANDOME ROAD MANHASSET NY 11030</b>	Mailing Address <b>C/O FELDMAN, GUTTERMAN, MEINBERG, ET AL 280 PLANDOME ROAD MANHASSET NY 11030</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1994</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number <b>65-0531070</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>EVANS, LAURIE P 628 MINORCA AVE SUITE 2 CORAL GABLES FL 33134</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip Code <b>FL</b>	
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.					

9. Name and Address of Current Registered Agent  
**EVANS, LAURIE P  
628 MINORCA AVE  
SUITE 2  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ASTOR, PATRICIA</b>
STREET ADDRESS	<b>22354 SW 57TH AVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ASTOR, LIONEL</b>
STREET ADDRESS	<b>22354 SW 57TH AVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MEINBERG, MARK</b>
STREET ADDRESS	<b>280 PLANDOME RD</b>
CITY-ST-ZIP	<b>MANHASSET NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GUTTERMAN, MARK</b>
STREET ADDRESS	<b>280 PLANDOME RD</b>
CITY-ST-ZIP	<b>MANHASSET NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FELDMAN, BURTON</b>
STREET ADDRESS	<b>280 PLANDOME RD</b>
CITY-ST-ZIP	<b>MANHASSET NY</b>
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 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: *Mark Meinberg* **MARK MEINBERG 3/29/98 516 365 6600**

CR2E034 (10/97)