

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038190 (1)

1. Corporation Name
170 NE 40 STREET, INC.



Principal Place of Business
**170 N.E. 40TH ST.
MIAMI, FL 33137**

Mailing Address
**170 N.E. 40TH ST.
MIAMI, FL 33137**

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report
N/A

21. Principal Place of Business 719 LINCOLN ROAD Suite, Apt. #, etc. M	22. Mailing Address 719 LINCOLN ROAD Suite, Apt. #, etc.	4. FEI Number 65 0593680	Applied For <input type="checkbox"/> Not Applicable
23. City & State MIAMI BEACH, FL	27. City & State MIAMI BEACH, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 33139	25. Country USA	29. Zip 33139	30. Country USA/DADE

9. Name and Address of Current Registered Agent
**WEIDER, NORMAN S
100 S.E. SECOND STREET
SUITE 3910
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name
Steve Rhodes

82. Street Address (P.O. Box Number is Not Acceptable)
719 LINCOLN ROAD

83.

84. City
MIAMI BEACH

85. State
FL

86. Zip Code
33139

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 OF REGISTERED AGENT: **STEVE RHODES, PRES.** DATE: **11/3/96**

(NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input type="checkbox"/> DELETE
NAME STEVE RHODES	
STREET ADDRESS 719 LINCOLN ROAD	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
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	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** DATE: **2/12/96** DAYTIME PHONE #: **(305) 534-9095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)