

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 04 1996 8:00 am
Secretary of State

DOCUMENT # P95000078622 (4)

1. Corporation Name

SEACOAST TOWERS REALTY, INC.



Principal Place of Business

5151 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address

5151 COLLINS AVENUE
MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

4. FEI Number

65-062 6944

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

10. Name and Address of New Registered Agent

NSHEAR, DAVID
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131

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, typed or printed name of registered agent and fee, if applicable.

NOTE: Registered Agent must be a resident of the state.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEAR, DAVID	
STREET ADDRESS	200 S. BISCAYNE BLVD, SUITE 2100	
CITY- ST- ZIP	MIAMI FL 33131	
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

11 TITLE	900001769269	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	-04/04/96--01048--007	
13 STREET ADDRESS	***200.00	
14 CITY- ST- ZIP		
21 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	David Staples	
23 STREET ADDRESS	5005 Collins Avenue PH6	
24 CITY- ST- ZIP	Miami Beach, FL 33140	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Roberto Riva	
33 STREET ADDRESS	5151 Collins Avenue	
34 CITY- ST- ZIP	Miami Beach, FL 33140	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Bernard Werner	
43 STREET ADDRESS	5151 Collins Avenue	
44 CITY- ST- ZIP	Miami Beach, FL 33140	
51 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Felipe Paraud	
53 STREET ADDRESS	5151 Collins Avenue	
54 CITY- ST- ZIP	Miami Beach, FL 33140	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Staples David Staples 3/19/96 305 861-1100

DATE

Daytime Phone #

CR2E034 (12/95)