

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

Amended

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 DEC 12 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *DA5000087359*
1. Corporation Name
1523 WEST AVENUE ASSOCIATES, INC.

Principal Place of Business: **1210 Washington Avenue #240 Miami Beach, Florida 33139**
Mailing Address: **same as principal place of business**

3. Date Incorporated or Qualified: **11/14/95**
3a. Date of Last Report: **5/13/97**

2. Principal Place of Business
21 **1320 S. Dixie Highway**
Suite, Apt. #, etc.
22 **Suite 781**
City & State
23 **Coral Gables, FL**
Zip
24 **33146** Country
25 **USA**

2a. Mailing Address
26 **same**
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **65-0740066** 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

Maynard J. Hellman
1100 Ponce de Leon Boulevard
Coral Gables, Florida

10. Name and Address of New Registered Agent

81 Name: **Gary L. Brown**
82 Street Address (P.O. Box Number is Not Acceptable): **20803 Biscayne Boulevard**
83 **Suite 200**
84 City: **Aventura** FL 85 Zip: **33180**

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 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

[Handwritten Signature]

12. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Robert Sherman	
STREET ADDRESS	1111 Lincoln Road, Suite 800	
CITY - ST - ZIP	Miami Beach, Florida 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

11 TITLE	P/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Scott Greenwald	
13 STREET ADDRESS	1320 S. Dixie Highway, Suite 781	
14 CITY - ST - ZIP	Coral Gables, Florida 33146	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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*******51.25 *****51.25**

[Handwritten Signature]
12-15-97

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 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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-97 **305/667-4856**
Date Daytime Phone #

CR2E034 (9/96)