

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

APPROVED
AND
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1998 JAN 27 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000093523 (5)
1. Corporation Name
1551 TAMiami, INC.

Principal Place of Business
1410 EUCLID AVENUE
SUITE 5
MIAMI BEACH FL 33139

Mailing Address
1410 EUCLID AVENUE
SUITE 5
MIAMI BEACH FL 33139

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

3. Date Incorporated or Qualified
12/08/1995

4. FEI Number
65-0637312

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 owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes No

9. Name and Address of Current Registered Agent
TORNERO, CARLOS M
28 W. FLAGLER ST.
SUITE 600
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	STERN, AHUVA	
STREET ADDRESS	1410 EUCLID AVENUE SUITE 5	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	DELETE
NAME	STERN, PINCHAS	
STREET ADDRESS	1410 EUCLID AVENUE SUITE 5	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PST	DELETE
NAME	ENHORN, SHALOM	
STREET ADDRESS	1410 EUCLID AVENUE SUITE 5	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	Change Addition
1.2 NAME	STERN, AHUVA	
1.3 STREET ADDRESS	18891 NE 20ct	
1.4 CITY-ST-ZIP	NORTH MIAMI FL 33179	
2.1 TITLE	V-P	Change Addition
2.2 NAME	STERN, PINCHAS	
2.3 STREET ADDRESS	18891 NE 20ct	
2.4 CITY-ST-ZIP	NORTH MIAMI FL 33179	
3.1 TITLE	TREASURER	Change Addition
3.2 NAME	HARARI, GIDEON	
3.3 STREET ADDRESS	18891 NE 20ct	
3.4 CITY-ST-ZIP	NORTH MIAMI FL 33179	
4.1 TITLE		Change Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change 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: Gideon Harari 1-23-98

CR2E034 (10/97)