


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

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # P95000096247 (8)

1. Corporation Name
CLIFF SORRELL ENTERPRISES, INC.

Principal Place of Business
610 MANELLA & KLAPHOLTZ -
2206 HOLLYWOOD BLVD -
HOLLYWOOD FL 33020

Mailing Address
610 MANELLA & KLAPHOLTZ -
2206 HOLLYWOOD BLVD -
HOLLYWOOD FL 33020



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|---|--|--|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business 21 2999 NE 191 Street 22 Suite 900 23 Aventura, Florida 24 Zip 33180 Country USA | | 2a. Mailing Address 26 2999 NE 191 Street 27 Suite 900 28 Aventura, Florida 29 Zip 33180 Country USA | | 3. Date Incorporated or Qualified 12/19/1995 | | 3a. Date of Last Report 02/27/1996 | |
| | | | | 4. FEI Number 65-0628557 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent HOCHSZTEIN, FRED - 2206 HOLLYWOOD BLVD HOLLYWOOD FL 33020 | | | | 10. Name and Address of New Registered Agent 81 Name Hochsztein, Fred 82 Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 Street 83 Suite 900 84 City Aventura, FL 85 Zip Code 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 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: *Cliff Sorrell* (NOTE: Registered Agent signature required when reinstating) DATE: 2/17/97

| | | | | | | | |
|---------------------------------|----------------------------|--|--|---|-----------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | DPST | | | 11 TITLE | | | |
| NAME | SORRELL, CLIFF | | | 12 NAME | | | |
| STREET ADDRESS | 13899 BISCAYNE BLVD #S-30 | | | 13 STREET ADDRESS | 13899 Biscayne Blvd #S-310 | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33181 | | | 14 CITY-ST-ZIP | North Miami Beach, FL 33181 | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | V | | | 21 TITLE | | | |
| NAME | GREENBERG, MIMI | | | 22 NAME | 13899 Biscayne Blvd #S-310 | | |
| STREET ADDRESS | 13899 BISCAYNE BLVD #S-30 | | | 23 STREET ADDRESS | North Miami Beach, FL 33181 | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33181 | | | 24 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 31 TITLE | | | |
| NAME | | | | 32 NAME | 700002154157--1 | | |
| STREET ADDRESS | | | | 33 STREET ADDRESS | -04/24/97--01111--007 | | |
| CITY-ST-ZIP | | | | 34 CITY-ST-ZIP | ****165.00 ****165.00 | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 41 TITLE | | | |
| NAME | | | | 42 NAME | | | |
| STREET ADDRESS | | | | 43 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 44 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 51 TITLE | | | |
| NAME | | | | 52 NAME | | | |
| STREET ADDRESS | | | | 53 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 54 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 61 TITLE | | | |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 64 CITY-ST-ZIP | | | |

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: *Cliff Sorrell Pres.* Date: 2/17/97 (305) 935-1579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0127718

CR2E034 (9/96)