

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000096924 (2)

1. Corporation Name

MOUNTAIN CREEK ASSOCIATES, INC.

Principal Place of Business

1400 NW 107TH AVE
MIAMI FL 33172

Mailing Address

1400 NW 107TH AVE
MIAMI FL 33172-2746

3. Date Incorporated or Qualified
12/22/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0627572

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

10. Name and Address of New Registered Agent

SIEGEL, STEVEN T
1400 NW 107TH AVE
MIAMI FL 33172

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 title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SEIGEL, STEVEN T
STREET ADDRESS 1400 NW 107 AVE. 5TH FLOOR
CITY-STATE-ZIP MIAMI FL 33172

DELETE

1.1 TITLE D/P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

TITLE DVP
NAME ADLER, MICHAEL M
STREET ADDRESS 1400 NW 107 AVE. 5TH FLOOR
CITY-STATE-ZIP MIAMI FL 33172

DELETE

2.1 TITLE D/CEO/C
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

TITLE DTS
NAME LEVY, JOEL
STREET ADDRESS 1400 NW 107 AVE. 5TH FLOOR
CITY-STATE-ZIP MIAMI FL 33172

DELETE

3.1 TITLE EV/AS
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

TITLE DAS
NAME ADLER, HERBERT
STREET ADDRESS 1400 NW 107 AVE. 5TH FLOOR
CITY-STATE-ZIP MIAMI FL 33172

DELETE

4.1 TITLE S/T
4.2 NAME Arrizurieta, Luis
4.3 STREET ADDRESS 1400 NW 107 Ave.
4.4 CITY-STATE-ZIP Miami, FL 33172

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

5.1 TITLE AS
5.2 NAME Adler, Linda K.
5.3 STREET ADDRESS 1400 NW 107 Ave.
5.4 CITY-STATE-ZIP Miami, FL 33172

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/97

305-392-4050

CR2E034 (9/96)