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Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000044580 (4)

1. Corporation Name
ESPANOLA WAY INVESTORS, INC.



Principal Place of Business
1633 JEFFERSON AVENUE
MIAMI BEACH FL 33119

Mailing Address
POST OFFICE BOX 190651
MIAMI BEACH FL 33119-0651

3. Date Incorporated or Qualified 05/24/1996
3a. Date of Last Report

2. Principal Place of Business (21-23) and Mailing Address (2a-29) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number 65-0665055
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 [X] Yes [] No

9. Name and Address of Current Registered Agent: KARLOCK, MADISON K, 1633 JEFFERSON AVENUE, MIAMI BEACH FL 33119
10. Name and Address of New Registered Agent (81-84): Name, Street Address, City, FL, Zip Code 33139

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] MADISON KARLOCK, 1-31-97.
Signature: [Signature] or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles like PRESIDENT, VICE PRESIDENT, SECRETARY, and TREASURER with names and addresses.

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] MADISON KARLOCK 1-31-97 305 532 0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)