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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

appears in Block 12 or Block 13

SIGNATURE:

anged or on an attachm

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000044807 (1)**

6TH STREET SOUTH CORP.

Mailing Address Principal Place of Business 1 LA GORCE CIRLCE 1 LA GORCE CIRLCE MIAMI BEACH FL 33141-4519 MIAMI BEACH FL 33141 3. Date Incorporated or Qualified Sa. Date of Last Report 05/20/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-068708 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes V No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WASSERMAN, RICHARD W 81 Name 420 LINCOLN RD #256 82 Street Address (P.O. Box Number is Not Acceptable MIAMI BEACH FL 33139 508. Floring Statutes, the above-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provision Sections 607.0502 and 6 nge was authorized by the corporation's board of directors. I hereby accept the appointment as registered 2.050s, Florida Statutes. office or registered again it, or both, in the State of F agent. Lani familia th, and accept the obligation SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DΡ DELETE Change Addition 11 TITLE THUE LOMBARDI, DAVID NAME 12 NAME CR2E034 1 LA GORCE CIRLCE 1.3 STREET ADDRESS STREET ADORESS MIAMI BEACH FL 33141 1.4 CITY-ST-ZIP CITY-ST- 20F DST DELETE Change Addition 2.1 TITLE TITLE DEVECHT, SCOTT L 2.2 NAME NAME 1 LA GORCE CIRLCE STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33141 2 4 CITY-ST-ZIP CITY - ST DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-S1-ZIE DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STHEET ADDRESS 5.4 CITY - ST - ZIP CITY- ST-ZIE DELETE Change Addition TITLE 6.1 TITLE

> 6.2 NAME 6.3 STRUCT ADDRESS

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 coronation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name

Y-ST-2#P

CLS#DINT

0194823

FILED

May 05 1997 8:00am Secretary of State

