

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

1062

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**  
97 SEP 10 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000052392 (3)  
1. Corporation Name  
MIAMI BEACH JCC LIQUIDATING CORP.



Principal Place of Business: 4221 PINE TREE DRIVE MIAMI BEACH FL 33140  
Mailing Address: 4221 PINE TREE DRIVE MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4200 BISCAYNE BOULEVARD		26 4200 BISCAYNE BOULEVARD		06/18/1996		1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA		5. Certificate of Status Desired		8.75 Additional Fee Required	
24 33137-3279		29 33137-3279		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
SPILL, JOY B ESQ.  
9100 SO DADELAND BLVD. STE 504  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	STEPHEN M. SCHWARTZ
82 Street Address (P.O. Box Number is Not Acceptable)	4200 BISCAYNE BOULEVARD
83	
84 City	MIAMI, FL.
85 Zip Code	33137-3279

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Stephen M. Schwartz*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: SEPT 5, 1997  
STEPHEN M. SCHWARTZ, Chief Financial Officer

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	SPILL, JOY B	
STREET ADDRESS	9100 SO DADELAND BLVD. STE 504	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	Chief Financial Officer	DELETED
NAME	STEPHEN M. SCHWARTZ	
STREET ADDRESS	4200 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI, FL. 33137	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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\*\*\*\*173.75 \*\*\*\*173.75

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 of this report, or in an attachment with an address.

CR2E034 (4/97)

*Signature*

305-576-4400