SECONÓ 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.)

PROFIT **CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052392 (3)

Corporation Name
MIAMI BEACH JCC LIQUIDATING CORP.

Principal Place of Business

Mailing Address

FILED 97 SEP 10 PM 12: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



4221 PINE TREE DRIVE 4221 PINE TREE DRIVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140			DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualified 06/18/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address	e	4. FEI Number	Applied For
	OBISCAYNE BOYLEIM		YN POYLEVERS		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Country	City & State	FLORIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 <i>33 (3)</i>		29 33177-3279	Country USA	This corporation owes or has pai Personal Property Tax due June	30. 🕱 Yes 🔲 No
001		Registered Agent		10. Name and Address of New Res	gistered Agent
	LL, JOY B ESQ.		81 Name	STEPHEN M. SCHW	14972
82 Street Address (ess (P.O. Box Number is Not Acceptable	(6)
MIAMI PL 33130				4200 BISE AYME F.	SuyLevann
			63	•	
	1 0		84 City	Mitm. FL.	F 85 Zip Code
11. Pursuant l	to the provisions of Sections 507.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the pr	urpose of changing its registered
11. Pursuant to the provisions of Spotens 307.0502 and 607.1508, florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered against or folia, in the State of Flurida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any vaccept the obligation. Of Section 607.0505, Florida Statutes.					
SIGNATURE	1 C/ 17 WW MY 14	Twon	Sterten	M. SCHWARTZ, Chief 1	twomen Officer
12.	Signature, typed or pullited name of regulated agent OFFICERS AND		Ringistered Agent signature require 13.	ed when reinstalling) ADDITIONS/CHANGES TO OFFIC	
TITLE	D OFFICE NO ANIT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SPILL, JOY B	_	1.2 NAME		
STREET ADDRESS 9100 SO DADELAND BLVD. STE 504			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY - ST - ZIP		
TITLE	Chief FINANCIAL	OFFICEN DELETE	2.1 TITLE		Change Addition
NAME	STEPHEN M. SCHW 42-00 BISCAYNE M. M.J., FL.	AST 7	2.2 NAME		
STREET ADDRESS	42-00 BISCAYNE	BOULEVARD	2.3 STREET ADDRESS		
CITY-ST-ZIP	M. M. FL.	33/37	2.4 CITY-ST-ZIP		
TITLE	,	. DELETE	3.1 TITLE	سناه والساء والساء والساء والساء والساء	Change Addition
NAME /			3.2 NAME	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2922480 370112506
STREET ADDRESS			3.3 STREET ADDRESS	*****173	3.75 ****173.75
CITY \$1-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		EJ OHER	4. 2 NAME		E Change E Noutron
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		12 Change
NAME			6.2 NAME		<i>HH</i>)
STREET ADDRESS			6.3 STREET ADDRESS		マッノ ト
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 to supplimental 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 19 get. or Im an attashment with a address.