

3-14-97 B-3310 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 19 1997 8:00am  
Secretary of State

DOCUMENT # P96000053616 (4)

1. Corporation Name

N.E. 17TH AVENUE CORPORATION

Principal Place of Business

~~7420 MIAMI VIEW DRIVE~~  
~~NO BAY VILLAGE FL 33141~~

Mailing Address

~~7420 MIAMI VIEW DRIVE~~  
~~NO BAY VILLAGE FL 33141 4033~~



2. Principal Place of Business

21 13251-13455 N.E. 17 AVENUE

State Apt. # etc.

22 City & State

23 NORTH MIAMI, FL

24 33181

Country

2a. Mailing Address

26 1140 KANE CONCOURSE

State Apt. # etc.

27 FIFTH FLOOR

28 BAY HARBOR ISLANDS, FL

29 33154

Country

3. Date Incorporated or Qualified

06/21/1996

3a. Date of Last Report

4. FEI Number

65-0692186

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

8. This corporation has liability for intangible tax under s. 193.032,  
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

~~MANNO, EILEEN~~  
~~ONE HARBOUR WAY~~  
~~BAL HARBOUR FL 33154~~

10. Name and Address of New Registered Agent

81 Name

ROBERT H. SILVERS

82 Street Address (P.O. Box Number is Not Acceptable)

1140 KANE CONCOURSE FIFTH FLOOR

83

84 City

BAY HARBOR ISLANDS

FL

85 Zip Code

33154

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	MANNO, BERT	7420 MIAMI VIEW DRIVE	NO BAY VILLAGE FL 33141	<input type="checkbox"/>
D	MANNO, JOSEPHINE	7420 MIAMI VIEW DRIVE	NO BAY VILLAGE FL 33141	<input type="checkbox"/>
D	MANNO, PETER	1231 WASHINGTON AVENUE	HOLLYWOOD FL 30019	<input type="checkbox"/>
D	MANNO, EILEEN	ONE HARBOUR WAY	BAL HARBOUR FL 33154	<input type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

BERT MANNO

3/12/97

305-864-7531

CR2E034 (9/96)