FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT RPORATION JAL REPORT

1997

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Zip

FLORIDA DEPARTMENT OF STATE

Sandra B. Mo tham

Secretary of State DIVISION OF CORPORATIONS

CUMENT # P96000054891 (2)

Country

9. Name and Address of Current Registered Agent

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DAVIDE, SALVATORE J 7333 CORAL WAY

MIAMI FL 33155

7TH STREET BUILDING, INC.

Principal Place of Business Mailing Address 7333 CORAL WAY 7333 CORAL WAY MIAMI FL 33155 MIAMI FL 33155-1402 3. Date Incorporated or Qualified 3a. Date of Last Report 06/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0724217 26 Suite, Aprt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing

84 City Zip Code 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 a cept the obligations of, Section 607.0505, Florida Statutes.

Country

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Name

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3/18/91 SIGNATURE Sign above Typed or point direar e of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATÉ OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THUE PSTD DELETE Addition 1.1 TITLE Change DAVIDE, SALVATORE J NAME 1.2 NAME 7333 CORAL WAY STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33155 DITY-ST-7P 14 CITY-ST-ZIP DELETE 21 TITLE Change Addition THE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZiP 2 4 City-St-ZiP DELETE THEF 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST ZP 34. CITY-ST-ZIP DELETE Change Addition 100 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-7:P 4.4 CITY - ST - ZIP DELETE LRE 51 TITLE Change NAME 52 NAME STREET ADDRES: 5.3 STREET ADDRESS Cit (-S1-7)F 5.4 CITY - ST - ZIP DELETE TILLE 61 TITLE NAME 6.2 NAME STREET ADDRESS

CITY: ST-ZIF

6.4 CITY: ST-ZIP

B. C. D. P. 105

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 charged, or on an attachment with an address.

SIGNATURE:

C(1Y - S1 - 7)E

Trust Fund Contribution

Florida Statutes

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

6. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

FILED

Apr 29 1997 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable