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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072470 (3)

MZM RESIDENCES/INVESTMENTS II, INC.

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**FILED** 

Apr 24 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address  3 GROVE ISLE DRIVE PH #1801 3 GROVE ISLE DRIVE COCONUT GROVE FL 33131 COCONUT GROVE FL					<del>-,</del>				
						3. Date Incorporated or Qualified 08/30/1996	<b>3a.</b> Da	ite of Las	st Report
2. Principal P	tace of Business	2a. Mailing Address				4. FEI Number 65*070923	39		Applied For Not Applicable
50ite Apt.	# etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Strift 23	e	City & State			·	Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
∕φ <b>24</b>	Country   <b>25</b>	Zip 29	30 Cou	intry			Yes [	No	er s. 199.032,
· ···· ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·	9. Name and Address of Cur	rent Registered Agent		24	NI	10. Name and Address of New Re	gistered .	Agent	
	ER, JOEL D			81	Name				
1221 BRICKELL AVENUE MIANI FL 33131			i	82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
				83 84	Car			lee I	ip Code
ı	11. Pursuant to the pluvisions of Sections 607.0502 and 607.1508, Florida Statutes officer or registere i agent, or both, in the State of Florida Such change was au agent. Lam tamplar with, and accept the obligations of				City		FL	. \ ' ' \	•
<b>12.</b>	D	AND DIRECTORS  DELETE	13.		ugranu u redu	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECT	
NAME STREET ADDRESS	MARGULIES, MARTIN Z 3 GROVE ISLE DRIVE PH #	<del></del>	1.2 N	AME	ADDRESS				
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14. If do nereby 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 oal tarn 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 chment with an address.

SIGNATURE: