

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

FILED
Jun 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000075664 (8)

1. Corporation Name
TRIALLOGIX - MIAMI, INC.

Principal Place of Business
185 N.E. 40TH STREET
MIAMI FL 33137

Mailing Address
155 N.E. 40TH STREET
MIAMI FL 33137-3511



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0700964	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SPENCER, MARC I 1885 PALM BEACH LAKES BOULEVARD SUITE 600 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent	
81	Name	David Stolberg			
82	Street Address (P.O. Box Number is Not Accepted)	155 NE 40th Street			
83	City	Miami			
84	State	FL			
85	Zip Code	33137			

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 *[Signature]* CFO DATE 4/30/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	STOLBERG, STEVEN	155 NE 40th ST.	MIAMI, FL 33137				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	STOLBERG, DAVID	155 NE 40th ST.	MIAMI, FL 33137				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	RICE DOUGLAS	216 E. 45th ST. - 12th floor	NY, NY 10017				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

I hereby certify that the information supplied in 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 change is shown on an attachment with an address.

SIGNATURE

[Signature]

CFO

4/30/97 305-576-5401

CF2E034 (9/96)