

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**

**Jan 27 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P96000079621 <b>1. Corporation Name</b> JOCKEY APARTMENTS CLUB, INC.			
<b>Principal Place of Business</b> 321 GRANELLO AVE.		<b>Mailing Address</b> 321 GRANELLO AVE.	
<b>3. Date Incorporated or Qualified</b> 9/25/96		<b>3a. Date of Last Report</b>	
<b>2. Principal Place of Business</b> 21 11111 BISCAYNE BLVD.		<b>2a. Mailing Address</b> 28 8900 S.W. 107 AVE.	
<b>22</b> Suite, Apt. #, etc.		<b>27</b> #301 C/O B. HECHTMAN	
<b>23</b> City & State MIAMI, FL.		<b>28</b> City & State MIAMI, FL.	
<b>24</b> Zip 33181		<b>29</b> Zip 33176-1451	
<b>25</b> Country		<b>30</b> DADE	
<b>9. Name and Address of Current Registered Agent</b> JORGE E. HERNANDEZ, ESQ. 311 GRANELLO AVENUE CORAL GABLES, FL. 33146		<b>10. Name and Address of New Registered Agent</b> 81 Name BARRY I. HECHTMAN 82 Street Address (P.O. Box Number is Not Acceptable) 8900 S.W. 107 AVENUE 83 SUITE #301 84 City MIAMI FL 88 Zip Code 33176-1451	
<b>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.</b> <b>SIGNATURE</b> <i>B. I. Hechtman</i> <b>BARRY I. HECHTMAN</b> <b>1/23/97</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> DIRECTOR <input checked="" type="checkbox"/> DELETE <b>NAME</b> JORGE HERNANDEZ <b>STREET ADDRESS</b> 321 GRANELLO AVENUE <b>CITY-ST-ZIP</b> CORAL GABLES, FL. 33146	<b>1.1 TITLE</b> DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1.2 NAME</b> ROBERT BELL <b>1.3 STREET ADDRESS</b> 8900 S.W. 107 AVENUE # 301 <b>1.4 CITY-ST-ZIP</b> MIAMI, FL. 33176-1451		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>2.1 TITLE</b> PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2.2 NAME</b> JORGE HERNANDEZ <b>2.3 STREET ADDRESS</b> 321 GRANELLO AVENUE <b>2.4 CITY-ST-ZIP</b> CORAL GABLES, FL. 33146		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>3.1 TITLE</b> SEC./V.P./TRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3.2 NAME</b> BARRY HECHTMAN <b>3.3 STREET ADDRESS</b> 8900 S.W. 107 AVENUE #301 <b>3.4 CITY-ST-ZIP</b> MIAMI, FL. 33176-1451		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>		
<b>14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.</b> <b>SIGNATURE:</b> <i>B. I. Hechtman</i> <b>1/23/97</b> <b>(305) 270-0014</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (12/95)