


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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000081204 (5)**
1. Corporation Name
THE ELIZABETH KANE CORPORATION OF FLORIDA, INC.



Principal Place of Business
**5930 N BAY RD
MIAMI BCH FL 33140
US**

Mailing Address
**19495 BISCAYNE BLVD.
SUITE 609
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0700312	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHWARTZ, JAY D 19495 BISCAYNE BLVD. SUITE 609 AVENTURA FL 33180				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD							1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	BERACASA, ALFREDO	<input type="checkbox"/> DELETE						1.2 NAME							
STREET ADDRESS	5930 N BAY RD							1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI BCH FL							1.4 CITY-ST-ZIP							
TITLE	VPST	<input type="checkbox"/> DELETE						2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	HANE, ELIZABETH							2.2 NAME							
STREET ADDRESS	5930 N BAY RD							2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI BCH FL							2.4 CITY-ST-ZIP							
TITLE	VPAS	<input type="checkbox"/> DELETE						3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	SCHWARTZ, JAY D							3.2 NAME							
STREET ADDRESS	19495 BISCAYNE BLVD., #609							3.3 STREET ADDRESS							
CITY-ST-ZIP	AVENTURA FL							3.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-ZIP							

14. I 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:  **JAY D SCHWARTZ** 1/19/98 305-932-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0251529

CR2E034 (10/97)