

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

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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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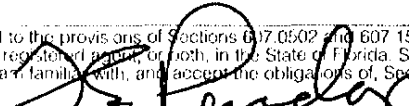
DOCUMENT # **P96000094912 (8)**

1. Corporation Name
LUXURY ESTATES NETWORK, INC.



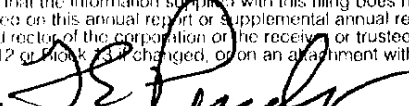
Principal Place of Business 9948 TWIN LAKES DR. CORAL SPRINGS FL 33071	Mailing Address 9948 TWIN LAKES DR. CORAL SPRINGS FL 33071-5336
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2. Principal Place of Business 21 2141 N.E. 51 Ct. Suite, Apt. #, etc. 22 East Apt. City & State 23 Ft. Lauderdale, FL Zip 24 33308 Country 25 USA		2a. Mailing Address 26 2141 N.E. 51 Ct. Suite, Apt. #, etc. 27 East Apt. City & State 28 Ft. Lauderdale, FL Zip 29 33308 Country 30 USA		3. Date Incorporated or Qualified 11/19/1996	3a. Date of Last Report 11/19/1996
4. FEI Number 65-0712400		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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 PENDAS, TOM 9948 TWIN LAKES DR. CORAL SPRINGS FL 33071		10. Name and Address of New Registered Agent 81 Name Tom Pendas 82 Street Address (P.O. Box Number is Not Acceptable) 2141 N.E. 51 Ct., East Apt. 83 84 City Ft. Lauderdale FL 85 Zip Code 33308	
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:  Tom Pendas, President 2/19/97 NOTE: Registered Agent signature required when reinstating.			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PST5 PENDAS, TOM	1.2 NAME	
STREET ADDRESS	9948 TWIN LAKES DR. CORAL SPRINGS FL 33071	1.3 STREET ADDRESS	2141 N.E. 51 Ct., East Apt.
CITY-ST-ZIP	VD CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAMANOGLU, ALEX	2.2 NAME	
STREET ADDRESS	9948 TWIN LAKES DR. CORAL SPRINGS FL 33071	2.3 STREET ADDRESS	9271 West Bay Harbor Dr. #11
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bay Harbor Island, FL 33154
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 changed, or on an attachment with an address.

SIGNATURE:  **Tom Pendas, President** 2/19/97
954-489-3104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)