

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000103820**

1. Corporation Name  
**OAKLAWN ASSET MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**801 Brickell Avenue**  
**Miami, FL 33132**

8. Date incorporated or Qualified **12/27/1996** 9a. Date of Last Report

21. Principal Place of Business <b>100 N. Biscayne Blvd.</b>	22. Mailing Address <b>100 N. Biscayne Blvd.</b>	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc. <b>Suite 2100, New World Tower</b>	22. Suite, Apt. #, etc. <b>Suite 2100, New World Tower</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
23. City & State <b>Miami, FL</b>	23. City & State <b>Miami, FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip <b>33132</b>	25. Country <b>U.S.A.</b>	24. Zip <b>33132</b>	25. Country <b>U.S.A.</b>

9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent <b>European-American Consulting Group, Inc.</b> <b>801 Brickell Avenue</b> <b>Miami, FL 33131</b>		10. Name and Address of New Registered Agent 10.1 Name <b>Alexander Reus, Esq.</b> 10.2 Street Address (P.O. Box Number is Not Acceptable) <b>100 N. Biscayne Blvd., #2100</b> 10.3 <b>New World Tower</b> 10.4 City <b>Miami</b> <b>FL</b> <b>33132</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE *Alexander Reus* **Alexander Reus, Esq.** **4/29/1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Thomas Cornelius</b>		1.2 NAME	
STREET ADDRESS <b>90 Park Avenue, Suite 1900</b>		1.3 STREET ADDRESS	
CITY, ST., ZIP <b>New York, N.Y. 10016</b>		1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST., ZIP		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST., ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST., ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>100002191161</b>
CITY, ST., ZIP		5.4 CITY - ST - ZIP	<b>-05/27/97--01039--032</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>***165.00</b>
CITY, ST., ZIP		6.4 CITY - ST - ZIP	<b>OS</b> <b>5/14/97</b>

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 occurs in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Cornelius* **Thomas Cornelius, Director** **4/29/97 (305) 377-3561**

*Thomas Cornelius*