

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S55798** (0)
1. Corporation Name
S. I. OF MIAMI, CORP.

Principal Place of Business 121 S.E. 1ST STREET MIAMI FL 33131 US	Mailing Address 121 S.E. 1ST STREET SUITE #510 MIAMI FL 33131 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 05/29/1991	
29		30		4. FEI Number 65-0264985 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LIEBERMAN, ARNOLD L. 121 SE FIRST ST #507 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			

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 that of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P	1.1 TITLE	D T
NAME	LIEBERMAN, ISADORE	1.2 NAME	Simon, Cindy
STREET ADDRESS	1950 S OCEAN DR #21E	1.3 STREET ADDRESS	1760 SW 68 Ave.
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	Plantation FL 33317
TITLE	D	2.1 TITLE	D
NAME	LIEBERMAN, ABE	2.2 NAME	Bleicher, Daniel
STREET ADDRESS	1950 S OCEAN DR., #20-E	2.3 STREET ADDRESS	1526 NE 10 Street Ext.
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	Hallandale FL. 33019
TITLE	DS	3.1 TITLE	
NAME	LIEBERMAN, ARNOLD	3.2 NAME	
STREET ADDRESS	1760 S.W. 68TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	Simon	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Arnold L. Lieberman* Secretary **Arnold L. Lieberman** 1/7/98 305 3746990

CR2E034 (1097)