

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S98157 (8)**

1. Corporation Name
ELYSEE INVESTMENT COMPANY OF MIAMI BEACH II, INC



Principal Place of Business

6958 COLLINS AVE.
MIAMI BEACH FL 33141

Mailing Address

220 71ST ST.
SUITE 216
MIAMI BEACH FL 33141
US

3. Date Incorporated or Qualified **12/02/1991** 3a. Date of Last Report **01/31/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FIL Number 22-3147817	<input checked="" type="checkbox"/>	Applied For
22	State, Apt. #, etc.	27	State, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

**PIOTRKOWSKI, JOEL S.
627 71 ST
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name **Shlomo 07**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **220 71 street #216**
84 City **miami beach** FL 85 Zip Code **33141**

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

[Signature]

2/10/96

12. OFFICERS AND DIRECTORS

1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	YEHEZKEL, HAIN	
3. STREET ADDRESS	20191 E. COUNTRY CLUB DRIVE #9	
4. CITY, ST, ZIP	N. MIAMI BEACH FL	
5. TITLE	VP	<input type="checkbox"/> DELETE
6. NAME	MUSSAFFI, ROY	
7. STREET ADDRESS	68-41 FLEET STREET	
8. CITY, ST, ZIP	ROEST HILLS NY	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

400001727604
-02/29/96-01022-002
***200.00

[Handwritten signature]
2/28/96

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 charged, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96

203-8310554