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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V21136 (9)
 1. Corporation Name
DACRA WASHINGTON, INC.



Principal Place of Business: **230 FIFTH STREET MIAMI BEACH FL 33139**
 Mailing Address: **230 FIFTH STREET MIAMI BEACH FL 33139-6602**

3. Date Incorporated or Qualified: **03/13/1992** 3a. Date of Last Report: **03/06/1996**
 4. FEI Number: **65-0325834** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
ROBBINS, CRAIG
230 5 ST
SUITE 2000
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent
 B1 Name: _____
 B2 Street Address (P.O. Box Number is Not Acceptable): _____
 B3 _____
 B4 City: _____ FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: **D** DELETE
 NAME: **ROBBINS, CRAIG**
 STREET ADDRESS: **230 FIFTH STREET**
 CITY-ST-ZIP: **MIAMI BEACH FL**
 TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: **VP** Change Addition
 1.2 NAME: **Steven Greenstein**
 1.3 STREET ADDRESS: **230 5th St.**
 1.4 CITY-ST-ZIP: **Miami Beach FL 33139**
 2.1 TITLE: _____ Change Addition
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY-ST-ZIP: _____
 3.1 TITLE: _____ Change Addition
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY-ST-ZIP: _____
 4.1 TITLE: _____ Change Addition
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-ST-ZIP: _____
 5.1 TITLE: _____ Change Addition
 5.2 NAME: _____
 5.3 STREET ADDRESS: _____
 5.4 CITY-ST-ZIP: _____
 6.1 TITLE: _____ Change Addition
 6.2 NAME: _____
 6.3 STREET ADDRESS: _____
 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: **Craig Robbins** Date: **3/17/97** Daytime Phone: **(305) 531-8700**

CR2E034 (9/96)