


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 APR -3 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #200633**

SEVENTY-SECOND REALTY, L.C.
~~8 KARP & GENAURE P.A.~~
~~2 ALHAMBRA PLAZA #1202~~
~~CORAL GABLES FL 33134~~

1a. Principal Place of Business Address

7675 N.W. 12TH ST.
MIAMI FL 33126

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAME		2a. Mailing Address 7675 N.W. 12 STREET		3. Date Organized or Qualified 08/13/1992	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0392573	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State MIAMI, FLORIDA		5. Date of Last Report 05/01/1996	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip	Country	Zip	Country		
		33126	U.S.A.		

7. Name and Address of Current Registered Agent ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA SUITE 1202 CORAL GABLES FL 33134		8. Name and Address of New Registered Agent Name JOSE M. BELLOSTA Street Address (P.O. Box Number is Not Acceptable) 790 N.W. 107 AVENUE Suite, Apt. #, etc. Suite 215 City Miami Zip Code FL 33172	
--	--	---	--

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE  DATE _____
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	SHELTON INVESTMENTS ,	3 A BOLAM HOUSE	MASSAU, BAHAMAS
M	HARDIN INVESTMENTS I,	CHARLOTTE HOUSE, CHARLOTTE	MASSAU, BAHAMAS

500002134275--8
-04/04/97--01110--011
***203.75 ***203.75

A. Alwan
4/3/97

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **JOSE M. BELLOSTA** (305) 554-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #