


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90158 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 390344**

1. Corporation Name  
**FIRST EQUITY PROPERTIES, INC.**

Principal Place of Business 444 BRICKELL AVE., STE. P-6 MIAMI FL 33131	Mailing Address 444 BRICKELL AVE. STE. P-6 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/26/1971</b>	4. FEI Number <b>59-1368952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**BASCOM, WILBERT O.**  
**201 S BISCAYNE BLVD**  
**STE 1400**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>Jeanne Varra</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>444 Brickell Ave. Suite P-6</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33131</b>

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: Jeanne Varra DATE: April 28th, 1999

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BISHOPRIC, KARL	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	BASCOM, DR. W	
STREET ADDRESS	201 S BISCAYNE BLVD STE 1400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PINA, KYREE	
STREET ADDRESS	201 S BISCAYNE BLVD STE 1400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	444 Brickell Ave. Suite P-6		
1.4 CITY-ST-ZIP	Miami, FL 33131		
2.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Jeanne Varra		
2.3 STREET ADDRESS	444 Brickell Ave. Suite P-6		
2.4 CITY-ST-ZIP	Miami, FL 33131		
3.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	George P. E. Ten Pow		
3.3 STREET ADDRESS	444 Brickell Ave. Suite P-6		
3.4 CITY-ST-ZIP	Miami, FL 33131		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/28/99 DAYTIME PHONE #: (305) 349-1544

CR2E034 (1/98)