

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

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**Apr 21 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 # 662224 (5)**  
1. Corporation Name  
**FLORIDA INTERNATIONAL PROPERTY MANAGEMENT CORP.**



Principal Place of Business: 825 S BAYSHORE DRIVE #1643 MIAMI FL 33131  
Mailing Address: 825 S BAYSHORE DRIVE #1643 MIAMI FL 33131-2820

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	825 BRICKELL BAY DRIVE	26	825 BRICKELL BAY DRIVE	05/01/1980	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 TOWER III SUITE 1643		27 TOWER III SUITE 1643		59-2061278	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MIAMI, FL		28 MIAMI, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 33131		29 33131		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 USA		30 USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENDELSON, LAURANS A 825 S BAYSHORE DRIVE #1643 MIAMI, FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	SECRETARY
NAME	FIGURA, RICHARD F.	1.2 NAME	JUDITH VETTER
STREET ADDRESS	825 S BAYSHORE DR	1.3 STREET ADDRESS	825 BRICKELL BAY DRIVE #1643
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD	2.1 TITLE	
NAME	PAUL, JOE	2.2 NAME	
STREET ADDRESS	825 S BAYSHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	MENDELSON, LAURANS A.	3.2 NAME	
STREET ADDRESS	825 S BAYSHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		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 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 as an attachment with an address.

SIGNATURE:  LAURANS A. MENDELSON 4/11/97 (305)374-1745

CR2E034 (9/96)