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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name M11007

(5)

NORTH MIAMI PROPERTY INVESTMENTS CORP.

Principal Place of Business Makilling Address Mak	<u></u>								
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2. Mailing Address 2a, Mailing Address 2b, Mailing Address 4. FEI Number 59-2486950 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Site	-								
Suite, Apt. #, etc. Suite Country Suite Address of Suite Suite Band Address of Regular Agent Suite Address of New Registered Agent Suite Address (P.O. Box Number is Not Acceptable) Suite Address (P.O. Box Number is Not A	2 Principal P	Place of Business	2. Mailing Address						Tanaliad For
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City & State 28 City & State 28 Country 20 Country 21 25 26 28 Country 28 Country 28 Country 29 Country 30 Country 30 Country 48 Trust Fund Contribution 50 Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11, Pursuant to the provisions of Societions 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Foords, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Foords, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and acceptate of the deficicable. SIGNATURE 12, OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 5D			-			5. Certificate of Status Desired	L		
Trust Fund Contribution Added to Fees Zip Country Zip Country 8, This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 7 RAPPORT, SUSY 1655 DREXEL AVENUE SUITE 208 MIAMI BEACH FL 33139 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Signature Visit or prevent name of registered Agent segments required when reinstating) 84 City FL 85 Zip Code 85 Zip Code 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 Date Plant Statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. 86 City FL 85 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 Date Plant Statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. 88 Date Plant Statement for the purpose of changing its registered agent agent are in a complete of agent agent a		е				6 Flection Campaign Financing			
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Personal Property Tax due June 30. Yes No. 8. Name and Address of Current Registered Agent 7. RAPPORT, SUSY 1655 DREXEL AVENUE SUITE 208 4. MIAMI BEACH FL 33139 84 City FL 85 Zip Code 81. 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, and accept the obligations of, Section 697 0505, Florida Statutes. SIGNATURE SIGNATURE Signature hybrid or printed name of registered agent and take depictable (NOTE Registered Agent agents are required when remaiting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SD RAPPORT, SUSY 12 NAME SIREET ADDRESS INSURED ADDRESS MIAMI BEACH FL 14 CITY-ST-ZIP MIAMI BEACH FL 14 CITY-ST-ZIP MIAMI BEACH FL WASERSTEIN, LIBA 22 NAME SIRRET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 23 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 24 CITY-ST-ZIP MIAMI BEACH FL WASERSTEIN, LIBA 23 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 24 CITY-ST-ZIP		Country		Countr	у		aid the cu		
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64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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.

4.1 TITLE 4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

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Secretary of State

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(305) 672-7731

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