

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

FILED

**Feb 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M50777 (5)
1. Corporation Name
ELIZABETH PROPERTIES, INC.



Principal Place of Business 815 N. RED ROAD SUITE 400 MIAMI FL 33126 US	Mailing Address 815 N. RED ROAD SUITE 400 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
04/17/1987

2. Principal Place of Business 21 7200 NW 7th ST. Suite, Apt #, etc 22 3rd FLOOR City & State 23 MIAMI, FL Zip 24 33126 Country	2a. Mailing Address 26 7200 NW 7th ST. Suite, Apt #, etc 27 3rd FLOOR City & State 28 MIAMI, FL Zip 29 33126 Country
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4. FEI Number 59-2027857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GONZALEZ, LOUIS O.
815 N. RED ROAD
SUITE 400
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7200 NW 7th ST
83	3rd FLOOR
84 City	MIAMI FL
85 Zip Code	33126

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 reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GONZALEZ, LOUIS O.	
STREET ADDRESS	815 N. RED ROAD, SUITE 400	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, IRIS J.	
STREET ADDRESS	815 N. RED ROAD, SUITE 400	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH, LESLIE	
STREET ADDRESS	815 N. RED ROAD, SUITE 400	
CITY - ST - ZIP	MIAMI FL	
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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUIS O. GONZALEZ	
1.3 STREET ADDRESS	7200 NW 7th ST, 3rd FLOOR	
1.4 CITY - ST - ZIP	MIAMI, FL 33126	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IRIS GONZALEZ	
2.3 STREET ADDRESS	7200 NW 7th ST.	
2.4 CITY - ST - ZIP	MIAMI, FL 33126	
3.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LESLIE SMITH	
3.3 STREET ADDRESS	7200 NW 7th ST.	
3.4 CITY - ST - ZIP	MIAMI, FL 33126	
4.1 TITLE	LISA RAMOS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	7200 NW 7th ST	
4.3 STREET ADDRESS	MIAMI, FL 33126	
4.4 CITY - ST - ZIP		
5.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DON SMITH	
5.3 STREET ADDRESS	7200 NW 7th ST.	
5.4 CITY - ST - ZIP	MIAMI, FL 33126	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 my address.

SIGNATURE: *[Signature]* President 2/18/98

CR2E034 (10/97)