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Jun 02 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 # P96000000760 (4)

1. Corporation Name
LIGHTHOUSE PROPERTIES INVESTMENTS, INC.



Principal Place of Business: 1830 TIGERTAIL AVENUE COCONUT GROVE FL 33133
Mailing Address: 1830 TIGERTAIL AVENUE COCONUT GROVE FL 33133-3327

3. Date Incorporated or Qualified: 01/03/1996
3a. Date of Last Report

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21-24: Same as 1
26-30: Same as 2

4. FEI Number: 65-0631735
Applied For: Not Applicable
6. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JEAR & ASSOCIATES, INC.
1830 TIGERTAIL AVENUE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows for Officers and Directors. Row 1: PSTD ARAMAYO, EDMUND J, 1830 TIGERTAIL AVENUE, COCONUT GROVE FL 33133. Includes checkboxes for DELETE.

Table with 6 rows for Additions/Changes to Officers and Directors. Columns for Title, Name, Street Address, City-St-Zip. Includes checkboxes for Change and Addition.

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 on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)