

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mcrtham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000021029 (9)**  
 1. Corporation Name  
**MONARCH PROPERTY INVESTMENTS, INC.**



Principal Place of Business <b>2999 NORTHEAST 191ST STREET                  SUITE 900                  AVENTURA FL 33180</b>	Mailing Address <b>PO BOX 3123                  CORAL GABLES FL 33134                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/06/1996**

4. FEI Number  
**65-0652309** Applied For  
 Not Applicable

5. 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business <b>21 P.O. BOX 3123</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State <b>23 CORAL GABLES, FL</b>	27 City & State <b>28</b>
24 Zip <b>33134</b>	25 Country <b>USA</b>
29 Zip <b>30</b>	Country

9. Name and Address of Current Registered Agent  
**SCHIFFMAN, ADAM R  
 2999 NE 191 ST  
 900  
 AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name  
**MICHAEL BOWLER, Esq**

82 Street Address (P.O. Box Number is Not Acceptable)  
~~10865 SW 112TH AVENUE~~ **10585 SW 109th**

83 City  
**Miami, FL**

84 City  
**MIAMI**

85 Zip Code  
**FL 33157**

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 *Michael Bowler Esq.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DPST BERNSTEIN, SYLVIA</b>	1.2 NAME	<b>Bernstein, S.G.</b>
STREET ADDRESS	<b>2999 NE 191 ST, 900</b>	1.3 STREET ADDRESS	<b>P.O. BOX 3123</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Sylvia Bernstein* **SYLVIA BERNSTEIN, PRES. 2/3/98 305-773-0615**

CR2E034 (10/97)