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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046868 (1)

1. Corporation Name
MARY'S APARTMENTS, INC.

Principal Place of Business	Mailing Address
1707 WEST 39TH PLACE HIALEAH FL 33012	1707 WEST 39TH PLACE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6905 W 29 AVE	2a. Mailing Address 26 6905 W 29 AVE	3. Date Incorporated or Qualified 05/28/1996	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0726127	☐ Applied For ☐ Not Applicable
City & State 23 HIALEAH, FL.	City & State 28 HIALEAH, FL.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33018 / 25 US	Zip / Country 29 33018 / 30 US	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CACERES, RAMON 1707 WEST 39TH PLACE HIALEAH FL 33012	81 Name: CACERES, RAMON F. 82 Street Address (P.O. Box Number is Not Acceptable): 15959 NW 82 PL 83 84 City: MIAMI FL 85 Zip Code: 33016

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: _____ RAMON F CACERES 4/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CACERES, RAMON F		1.2 NAME	CACERES, RAMON F	
STREET ADDRESS	1707 WEST 39TH PLACE		1.3 STREET ADDRESS	15959 NW 82 PL	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	MIAMI, FL. 33016	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	CACERES, MARIA J		2.2 NAME	CACERES, MARIA J	
STREET ADDRESS	1707 WEST 39TH PLACE		2.3 STREET ADDRESS	15959 NW 82 PL	
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	MIAMI, FL. 33016	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 added by an attachment with an address.

SIGNATURE: _____ 4/23/98 (305)558-8788