

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

**FILED**  
**Jun 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000020940 (7)**  
 1. Corporation Name  
**COBBLESTONE PROPERTIES, INC.**



Principal Place of Business <b>1101 BRICKELL AVENUE                  SUITE 1400                  MIAMI FL 33131</b>	Mailing Address <b>1101 BRICKELL AVENUE                  SUITE 1400                  MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>200 South Biscayne Blvd</b> Suite, Apt. #, etc. 22 <b>Suite 4750</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33131</b>	2a. Mailing Address 26 <b>200 South Biscayne Blvd</b> Suite, Apt. #, etc. 27 <b>Suite 4750</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33131</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>03/05/1997</b>	4. FEI Number <b>65-3746967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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  
**BLOOM, LEONARD H  
 1101 BRICKELL AVENUE  
 SUITE 1400  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name  
**SOUTH FLORIDA RESIDENT AGENTS, INC.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**200 SOUTH BISCAYNE BLVD., SUITE 4750**  
 83  
 84 City  
**MIAMI**

85 Zip Code <b>FL 33131</b>
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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, to 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]* (DATE) **6/2/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Howard Berke	
1.3 STREET ADDRESS	505 Park Ave. 9th Floor	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Herbert M. Selzer	
2.3 STREET ADDRESS	505 Park Ave. 9th Floor	
2.4 CITY-ST-ZIP	New York, NY 10022	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002553082	
6.3 STREET ADDRESS	-06/09/98-01074-031	
6.4 CITY-ST-ZIP	***150.00	

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 a caption.

SIGNATURE: *[Signature]* President

CR2E034 (10/97)