

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

**FILED**  
**Mar 09 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000032939 (5)**  
 1. Corporation Name  
**CORNERSTONE HERON POINTE, INC.**



Principal Place of Business <b>1600 MIAMI CENTER                  201 S. BISCAYNE BLVD.                  MIAMI FL 33131</b>	Mailing Address <b>1600 MIAMI CENTER                  201 S. BISCAYNE BLVD.                  MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2121 Ponce de Leon Blvd. Suite, Apt. #, etc. 22 Penthouse City & State 23 Coral Gables, FL Zip 24 33134 Country 25	2a. Mailing Address 26 100 S.E. Second St. Suite, Apt. #, etc. 27 Suite 3500 City & State 28 Miami FL Zip 29 33131 Country 30
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3. Date Incorporated or Qualified <b>04/11/1997</b>
4. FEI Number <input type="checkbox"/> Applied For Not Applicable <input checked="" type="checkbox"/>
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  
**CORPORATION COMPANY OF MIAMI  
 1600 MIAMI CENTER  
 201 S. BISCAYNE BLVD.  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>Leon J. Wolfe, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 S.E. 2nd Street</b>
83 <b>Suite 3500</b>
84 City <b>Miami</b> FL 85 Zip Code <b>33131</b>

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 *Leon J. Wolfe* **Leon J. Wolfe, Registered Agent** 2/27/98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MADES, MARA S</b>	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD., SUITE 650</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>Penthouse</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>P, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Stuart I. Meyers</b>
2.3 STREET ADDRESS	<b>2121 Ponce de Leon Blvd., Penthouse</b>
2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
3.1 TITLE	<b>V, T, S, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Jorge Lopez</b>
3.3 STREET ADDRESS	<b>2121 Ponce de Leon Blvd., Penthouse</b>
3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
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	
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 agent 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: *Mar Made* 2/27/98 305-443-8288

CP2E034 (10/97)