

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT-CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S15480 (4)

1. Corporation Name
BALLANTINE PROPERTIES INC.



Principal Place of Business LOEB, BLOCK & WACKSMAN 505 PARK AVE SUITE 900 NEW YORK NY 10022	Mailing Address LOEB, BLOCK & WACKSMAN 505 PARK AVE SUITE 900 NEW YORK NY 10022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SHAPO, FREEDMAN & BLOOM		2a. Mailing Address 26 Loeb, Block & Partners LLP		3. Date Incorporated or Qualified 11/30/1990	
Suite, Apt. #, etc. 22 200 SOUTH BISCAYNE, STE. 4750		Suite, Apt. #, etc. 27 505 Park Avenue 9th floor		4. FEI Number 65-0229951	
City & State 23 MIAMI, FLORIDA		City & State 28 New York, NY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33131	Country 25	Zip 29 10022	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 AVE.
 SUITE 1400
 MIAMI FL 33156**

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) First Union Financial Center
83 Suite Suite 4750, 200 South Biscayne Boulevard
84 City Miami
85 Zip Code FL 33131

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 *Leonard H. Bloom* **LEONARD H. BLOOM, V/S** DATE **4/15/98**

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME BELZER, HERBERT M.	
STREET ADDRESS % 505 PARK AVE.	
CITY-ST-ZIP NEW YORK NY	
TITLE DVS	<input type="checkbox"/> DELETE
NAME BLOOM, LEONARD	
STREET ADDRESS 1101 BRICKELL AVE., 1400	
CITY-ST-ZIP MIAMI FL	
TITLE T	<input type="checkbox"/> DELETE
NAME BERKE, HOWARD	
STREET ADDRESS C/O 505 PARK AVE., #900	
CITY-ST-ZIP NEW YORK NY 10022	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVS
2.3 STREET ADDRESS	BLOOM, LEONARD H.
2.4 CITY-ST-ZIP	200 SOUTH BISCAYNE BLVD, SUITE 4750 MIAMI, FL 33131
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	
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 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 *Leonard Bloom* **Leonard Bloom, Vice-President/Secretary**

CR2E034 (10/97)

305-358-4480