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Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

am an officer or director of the cappears in Block 12 or Block 13 if

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

FILED

Jun 13 1997 8:00am

Secretary of State

Change

Addition

Sandre B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000038962 (2)

AMERICA INCOME PROPERTIES INC.

7724 N.W. 53RD ST. 7724 N.W. 53RD ST. MIAMI FL 33166 MIAMI FL 33166-4102 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-067 5881 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 26 Added to Fees Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yos No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo LAMAR, PETE A rociare 7724 N.W. 53RD ST. 82 Street Address (P.O. Box Numbe MIAMI FL 33166 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fyrida 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 familia with, and accept the oblightion of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TITLE Change Addition 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY- \$1 - ZIP TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2M CITY-ST-7IP CITY-ST-ZIP TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TIFLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ... Change Addition TITLE 5.1 THE NAME 5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.4 CITY - ST - ZIP 14. I do hereby certify that the information semblied 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 executed and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted employeed of execute the report as required by Chapter 607, Florida Statutes; and that my name

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE