



**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90010 046 \*\*\*558.75

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|--|--|---|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P98000086789</b><br>1. Corporation Name<br><b>200 SOUTHEAST FIRST STREET, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>1111 LINCOLN ROAD STE. 800</b><br><b>MIAMI BEACH FL 33139</b>  |  |   | Mailing Address<br><b>1111 LINCOLN ROAD STE. 800</b><br><b>MIAMI BEACH FL 33139</b>  |   |  |
| <div style="text-align: right;">DO NOT WRITE IN THIS SPACE</div>   |  |   |  |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country  |  |   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country   |   |  |
| 3. Date incorporated or Qualified<br><b>10/09/1998</b>   |  |   | 4. FEI Number<br><b>65-0868574</b>   |   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   | Applied For<br>Not Applicable  |   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  |   | \$8.75 Additional Fee Required<br>\$5.00 May Be Added to Fees  |   |  |
| 7. This corporation owes the current year<br>Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |   |  |
| 8. Name and Address of Current Registered Agent<br><b>WERNER, MICHAEL B</b><br><b>1111 LINCOLN ROAD STE. 800</b><br><b>MIAMI BEACH FL 33139</b>  |  |   | 9. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |   |  |
| 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____<br>Signature, typed or printed name of registered agent and title if applicable.   |  |   |  |   |  |
| 12. OFFICERS AND DIRECTORS   |  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   |   |  |
| <input type="checkbox"/> DELETE  |  |   | President<br>Michael B. Werner<br>1111 Lincoln Road Ste. 800<br>Miami Beach, FL 33139  |   |  |
| <input type="checkbox"/> DELETE  |  |   | V.P.<br>Benjamin Garfinkle<br>1111 Lincoln Road Ste. 800<br>Miami Beach, FL 33139  |   |  |
| <input type="checkbox"/> DELETE  |  |   | S/T<br>David Garfinkle<br>1111 Lincoln Road, Ste. 800<br>Miami Beach, FL 33139   |   |  |
| <input type="checkbox"/> DELETE  |  |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| <input type="checkbox"/> DELETE  |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> DELETE  |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> DELETE  |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> DELETE  |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> DELETE  |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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  <b>7/28/99</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |  |   |  |   |  |

CR2E034 (5/99)