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Secretary of State

03-02-1999 90193 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 245358

1. Corporation Name
IKERA INVESTMENT CORPORATION

Principal Place of Business
2000 S. BAYSHORE DRIVE
#39
COCONUT GROVE FL 33133

Mailing Address
2000 S. BAYSHORE DRIVE
#39
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2645 South Bayshore Drive Suite, Apt. #, etc. 22 Penthouse # 202 City & State 23 Coconut Grove, FL Zip 24 33133 Country 25 USA		2a. Mailing Address 26 2645 South Bayshore Drive Suite, Apt. #, etc. 27 Penthouse # 202 City & State 28 Coconut Grove, FL Zip 29 33133 Country 30 USA		3. Date Incorporated or Qualified 03/08/1961	
		4. FEI Number 59-0932803		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. Trust Fund Contribution <input type="checkbox"/>			
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BURNSTINE, BARBARA 2000 S. BAYSHORE DRIVE #39 INTERNATIONAL BUILDING COCONUT GROVE FL 33133				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Barbara Burnstine
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNSTINE, MICHAEL	1.2 NAME	
STREET ADDRESS	2000 S. BAYSHORE DR #39	1.3 STREET ADDRESS	2645 S. BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	PENTHOUSE # 202
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNSTINE, BARBARA	2.2 NAME	
STREET ADDRESS	2000 S. BAYSHORE DR #39	2.3 STREET ADDRESS	2645 S. Bayshore Drive
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	PENTHOUSE # 202
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNSTINE, RONALD	3.2 NAME	
STREET ADDRESS	2000 S. BAYSHORE DR #39	3.3 STREET ADDRESS	2645 S. Bayshore Drive
CITY-ST-ZIP	COCONUT GROVE FL	3.4 CITY-ST-ZIP	PENTHOUSE # 202
TITLE	DD <input type="checkbox"/> DELETE	4.1 TITLE	COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNSTINE, LORI	4.2 NAME	
STREET ADDRESS	2000 S. BAYSHORE DR #39	4.3 STREET ADDRESS	2645 S. Bayshore Drive
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	PENTHOUSE # 202
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Barbara Burnstine SIGNATURE REQUIRED: BARBARA BURNSTINE

Date: 1/19/99 Daytime Phone #: 305-856-1200

CR2E034 (11/98)