

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90022 006 ***150.00

DOCUMENT # 291700 (3)
1. Corporation Name
NORTH MIAMI INVESTMENTS, INC.



Principal Place of Business Mailing Address
~~662 NW 119TH STREET~~ ~~662 NW 119TH STREET~~
~~MIAMI FL 33168~~ ~~MIAMI FL 33168~~
12800 Griffing Blvd. 12800 Griffing Blvd.
N. Miami, FL. 33161 N. Miami, FL. 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1965	3a. Date of Last Report 06/25/1996
4. FEI Number 59-1114213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	

2. Principal Place of Business 21 12800 Griffing Blvd. N. Miami, FL. 33161	2a. Mailing Address 26 12800 Griffing Blvd. N. Miami, FL. 33161
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State N. Miami, FL	28 City & State N. Miami, FL
24 Zip 33161	25 Country Miami-Dade
29 Zip 33161	30 Country Miami-Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBEL, BRIAN R
12800 GRIFFING BLVD
N MIAMI FL 33161

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 Brian R. LeBel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBEL, TRACEY A	1.2 NAME	
STREET ADDRESS	12800 GRIFFING BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBEL, JACQUELINE M	2.2 NAME	
STREET ADDRESS	12800 GRIFFING BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBEL, BRIAN	3.2 NAME	
STREET ADDRESS	12800 GRIFFING BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<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 do 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: Tracey A. LeBel 4/28/99 305-893-9308

CR2E034 (4/97)