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

SIGNATURE:

Feb 26 1998 8:00am **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)346659 VENETIAN PLAZA APARTMENTS INC Principal Place of Business Mailing Address 177 VENICE LANE DO NOT WRITE IN THIS SPACE AML BCH. FL 33181-1918 3. Date Incorporated or Qualified 05/22/1969 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 25 N. Federal P.O. BOX 1814 59-1382223 Not Applicable Suite, Apl. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required City & State & State 6. Election Campaign Financing \$5.00 May Be DANIA DANIA Trust Fund Contribution Added to Fees USA. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. ΠNο 9. Name and Address of Current Registered Ager 10. Name and Address of New Registered Agent WOHLMATTHEW MAtthew SUITE 232, 1777 VENICE LANE 82 Acceptable) N. MIAMI FL 33181 83 11. Pursuant to the provisions of Socions 607.05.02 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. , MATTHEW WO HE INDITED Agent signature required when renetating 30/98 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE WOHL, TAMARA 1.2 NAME NAME P.O. BOX 1814 1777 VENICE LANE #232 STREET ADDRESS 1.3 STREET ADDRESS DIWIR IF1. 33004 N. MIAM! FL CITY-5T-2IP 1.4 CITY-ST-ZIP DILETE Addition 2.1 TITLE P/s/t TITLE WOHL-MATTHEW NAME 2.2 NAME 1777 VENICE LANE #232 2.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Channe Addition 3.1 TITLE WOHL, BENJAMIN NAME 3.2 NAME 1777 VENICE LANE, #232 STREET ADDRESS 3.3 STREET ADDRESS N. MIAMI FL 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 YITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 attrichment with an orderess.

FILED