

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 356834 (2)

1. Corporation Name
MIAMI TRAIL LAND CO



Principal Place of Business 2600 OW 27TH AVE MIAMI FL 33133	Mailing Address 2600 OW 27TH AVE MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2053 SECOFFEE ST. Suite, Apt. #, etc.	2a. Mailing Address 26 2053 SECOFFEE ST. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/15/1969	4. FEI Number 59-2653618	Applied For <input type="checkbox"/> Not Applicable
22. City & State 23 MIA. FL.	27. City & State 28 MIA. FL.	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	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip 33133 County DADE	29. Zip 33133 County DADE	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

TAYLOR, ROBERT M
2600 OW 27TH AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name RON BAKER
82 Street Address (P.O. Box Number, Not Applicable) 4475 PONCE DELEON BLVD.
83 # 301
84 City CORAL GABLES FL 85 Zip Code 33146

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: *[Signature]* DATE: **1/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TAYLOR, ROBERT M.	1.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2600 OW 27TH AVE	CITY-ST-ZIP MIAMI FL	1.2 NAME "	
		1.3 STREET ADDRESS 2053 SECOFFEE ST.	
		1.4 CITY-ST-ZIP MIA. FL. 33133	
TITLE S	NAME TAYLOR, MARY E	2.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2600 OW 27TH AVE	CITY-ST-ZIP MIAMI FL	2.2 NAME "	
		2.3 STREET ADDRESS 2053 SECOFFEE ST.	
		2.4 CITY-ST-ZIP MIA. FL. 33133	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		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.

SIGNATURE: *[Signature]* DATE: **1/21/98 305-856-8080**

CR2E034 (10/97)