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

PROFIT -CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

i. Corporatio	MENT # 39034 EQUITY PROPERTIES, INC	` '		
Principal Plac	ce of Business	Mailing Address		L FEBRUAR FILING TORRES BRIDE FILING BROWN
1400 MIAMI CENTER 201 S. BISCAYNE BLVD.		1400 MIAMI CENTER 201 S. BISCAYNE BLVD.		DO NOT WINTE IN THIS SPACE
MIAMI FL 33131-6782		MIAMI FL 33131-6782		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
				10/26/1971
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-1368952 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		SS 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29 3	Country	8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No
g. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent				
BISHOPRIC, KARL 201 S. BISCAYNE BLVD MIAMI FL 33131-6782			82 Street	BASCOM, Wilbert O. Address (P.O. Box Number is Not Acceptable) S. Biscayne Blvd, Suite 1400
			84 City M1a	mi FL 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 are put the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or putted many of the day stand agent and title day skealile (NOTE: Registered Agent signature required when reinstating) DATE OF LICE HS: AND DIRECTORS IN 12				
TITLE	PD	☐ DELFTE	1.1 TITLE	P & CEO
NAME	BISHOPRIC, KARL		1.2 NAME	Bascom, Wilbert O. Dr.
STREET ADDRESS	201 S BISCAYNE BLVD		1.3 STREET ADDRESS	201 S. Biscayne Blvd, Suite 1400
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	Miami, Fl. 33131
TITLE		☐ DELETE	2.1 TITLE	VP Change Addition
NAME			2.2 NAME	Pina, Kyree
STREET ADDRESS	1		2 3 STREFT ADDRESS	201 S. Biscayne Blvd, Suite 1400
CITY+ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Miami, F1. 33131
NAME		[_] OCC. (C	3.2 NAME	L. Criange L. Audillon
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. City-St-ZiP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		☐ brutte	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME CTOTET ADDOTES	1		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	<u></u>	· · · · · · · · · · · · · · · · · · ·	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 attachment with an address.

13051375-0731

FILED

May 19 1998 8:00am

Secretary of State