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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 390344 1. Corporation Name FIRST EQUITY PROPERTIES, INC.			
Principal Place of Business 444 BRICKELL AVE., STE. P-6 MIAMI FL 33131		Mailing Address 444 BRICKELL AVE., STE. P-6 MIAMI FL 33131	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/26/1971		4. FEI Number 59-1368952	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent BASCOM, WILBERT O. 201 S BISCAYNE BLVD STE 1400 MIAMI FL 33131	
9. Name and Address of New Registered Agent 81 Name Jeanne Varra 82 Street Address (P.O. Box Number is Not Acceptable) 444 Brickell Ave. Suite P-6 83 84 City Miami		10. Name and Address of New Registered Agent 85 Zip Code FL 33131	
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 <i>Jeanne Varra</i> DATE April 28th, 1999 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME BISHOPRIC, KARL STREET ADDRESS 201 S BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL 00000		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 444 Brickell Ave. Suite P-6 1.4 CITY-ST-ZIP Miami, FL 33131	
TITLE PCEO <input checked="" type="checkbox"/> DELETE NAME BASCOM, DR. W STREET ADDRESS 201 S BISCAYNE BLVD STE 1400 CITY-ST-ZIP MIAMI FL 33131		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Jeanne Varra 2.3 STREET ADDRESS 444 Brickell Ave. Suite P-6 2.4 CITY-ST-ZIP Miami, FL 33131	
TITLE VP <input checked="" type="checkbox"/> DELETE NAME PINA, KYREE STREET ADDRESS 201 S BISCAYNE BLVD STE 1400 CITY-ST-ZIP MIAMI FL 33131		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME George P. E. Ten Pow 3.3 STREET ADDRESS 444 Brickell Ave. Suite P-6 3.4 CITY-ST-ZIP Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(305) 349-1544

Date

Daytime Phone #

CR2E034 (1/98)