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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED O

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 439085

(2)

Mailing Address

ADVENT REALTY, INC.

Principal Place of Business

655 NE 97 STREET 655 NE 87 STREET MIAMI SHORES FL 33138-2470 MIAMI SHORES FL 33138 US 3a. Date of Last Report 3. Date Incorporated or Qualified 10/30/1973 04/02/1996 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1517699 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KLEINMAN, DENNIS 655 NE 97 ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgc ature, Typed or printed came of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 DTLE TITLE KLEINMAN, SOL 1.2 NAME NAME 1814 COTTONWOOD TRAIL 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY - \$1 - ZIF 14 CITY-ST-ZIP PD DELETE Change Addition 2.1 TITLE TITLE KLEINMAN, DENNIS H NAME 2.2 NAME 1900 N E 205 ST STREET ADDRESS 2.3 STREET ADDRESS MIAM!, FL 33179 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 City-St-ZiP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME MAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-7iP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME 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

ICER OR DIRECTOR