

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

APPROVED  
AND  
FILED

98 FEB 13 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **478372** (6)

1. Corporation Name  
**CATELOP PROPERTY INVESTMENT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2300 CORAL WAY<br/>#200<br/>MIAMI FL 33145</b> | Mailing Address<br><b>2300 CORAL WAY<br/>#200<br/>MIAMI FL 33145</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/28/1975**

4. FEI Number  
**59-2124810**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>2300 CORAL WAY</b><br>Suite, Apt. #, etc.<br>22 <b>SUITE # 200</b><br>City & State<br>23 <b>MIAMI FLORIDA</b><br>Zip<br>24 <b>33145</b> Country<br>25 <b>US.</b> | 2a. Mailing Address<br>26 <b>2300 CORAL WAY</b><br>Suite, Apt. #, etc.<br>27 <b>SUITE # 200</b><br>City & State<br>28 <b>MIAMI FLORIDA</b><br>Zip<br>29 <b>33145</b> Country<br>30 <b>US.</b> |
|--|---|

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**AMADA CANTERA LOPEZ. / PRES**

**2/13/98**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>P LOPEZ-AGUIAR, CARLOS C</b> |
| STREET ADDRESS             | <b>2300 CORAL WAY SUITE 200</b> |
| CITY-ST-ZIP                | <b>MIAMI FL 33145</b>           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>S CANTERA LOPEZ, AMADA</b>   |
| STREET ADDRESS             | <b>2300 CORAL WAY SUITE 200</b> |
| CITY-ST-ZIP                | <b>MIAMI FL 33145</b>           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>T LOPEZ-CANTERA, AMADA</b>   |
| STREET ADDRESS             | <b>2300 CORAL WAY SUITE 200</b> |
| CITY-ST-ZIP                | <b>MIAMI FL 33145</b>           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 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                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 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 report 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 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 person or persons authorized 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 attached sheet with an address.

SIGNATURE:

**2/13/98**

CR2E034 (10/97)