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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 599225

(0)

Mailing Address

DADE PROPERTY MANAGEMENT, INC.

FILED	
May 19 1997 8:00an	1
Secretary of State	



8800 S.W. BTH % NOVEL PEN MIAMI FL 3317		8800 S.W. 8TH STREET I % NOVEL PENABAD MIAMI FL 33174-3270	B-201			
					3. Date Incorporated or Qualified 01/09/1979	3a. Date of Last Report 05/31/1996
	lac e o f Businoss	2a, Mailing Address			4. FEI Number	Applied For
21	····	26			59-1880259	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State		City & State		·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7 ip 29	Country 30		_1	Yes No
		f Current Registered Agent			10. Name and Address of New Reg	jistered Agent
	IABAD, NOVEL		81	Name		
	0 S.W. 8TH STREET		82	Street Addi	ress (P.O. Box Number is Not Acceptab	le)
MIA	MI FL 33174					
			63			
			84	City	<u>_</u>	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections egistered agent, or both, in t	607.0502 and 607.1508, Florida Statu he State of Jorida, Such change was	tes, the above authorized by t	named corp he corporat	poration submits this statement for the prition's board of directors. Thereby accept	urpose of changing its registered
agent. I a	m familiar with, and accept t	he obligations of, Section 607 0505, Fl	lorida tatutes.	NO C	changes)	5-1-97
	Signature, typed or printed name of re-		It Hagistered Agent	s grafure regar	red when to natifyer)	DATE
12.	OFFIC	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PENADAD NOVE	[_] DETLIE	1.1 THLE			Change Addition
NAME	PENABAD, NOVEL	(SAME)	1.2 NAME			
STREET ADDRESS	8800 S.W. 8TH ST	(SAINC)	1.3 STREET AF	DDRESS		
CITY-ST-ZIP	MIAMI FL	Dosiere	1.4 C(TY - ST -	710'		
TITLE	PENABAD, ALICIA	רין טנדנונ	2.1 1111(L. Change L. Addition
NAME	8800 S.W. 8TH ST	(50000	2.2 NAME			
STREET ADDRESS	MANALI EI		2.3 STHEET AC			
CITY-ST-ZIP TITLE	MINNI FL	DITTE	2.4 CITY - ST-	209	<u></u>	
NAME		C) breat	3.1 1016			Change Addition
STREET ADDRESS			3.2 NAME			
			3.3 STREET AL			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-\$1- 4.1 TITEE	709		Chance Latellian
NAME		- Dittell	4.2 NAME			Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET AC	1000000		
CITY-ST-ZIP			4.4 CHY-SI-			
TITLE		DELETE	5.1 TITLE	(Ir.		Change Addition
NAME		bound to the total	5.2 NAME			C Ontarigo C Natallion
STREET ADDRESS			5.3 STREET AC	IDRESS		Ì
CITY-ST-ZIP			5.4 CHY-ST			
TITLE		DELETE	6.1 THE			Change Addition
NAME		<u>—</u>	6.2 NAME			E standed E recontrol
STREET ADDRESS			6.3 STREET AL	DDRESS		
CITY-ST-ZIP			6.4 CHY-\$1-3			
14. I do hereb information I am an of	n indicated on this annual re ficer or director of the corpo	port or supplemental annual report is t	ify for the exem- true and accura- vered to execut	ption stated	d in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal das required by Chapter 607, Florida St	affect as if made under eath, that I