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

SIGNATURE:

Jul 09 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 599225 (0)DADE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 8800 S.W. 8TH \$TREET B-201 8800 S.W. 8TH STREET B-201 % NOVEL PENABAD % NOVEL PENABAD DO NOT WRITE IN THIS SPACE MIAMI FL 33174 MIAMI FL 33174 3. Date Incorporated or Qualified 01/09/1979 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1880259 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PENABAD, NOVEL 8800 S.W. 8TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33174** 83 84 City Zip Code 11. Purauant 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 led name of registers (NOTE: flagistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE PENABAD, NOVEL NAME 1.2 NAME 8800 S.W. 8TH ST 1.3 STREET ADDRESS STREET ADDRESS **mi**ami fl CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TATLE PENABAD, ALICIA 2.2 NAME 8800 S.W. 8TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 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 DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 64 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 one an attachment with an address.

FILED

May 6 1998