


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

FILED  
May 20 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 626352 (9)</b> 1. Corporation Name <b>OLIVER INVESTMENT COMPANY</b>					
Principal Place of Business <b>11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181</b>			Mailing Address <b>11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181-2755</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/18/1979</b> 3a. Date of Last Report <b>04/05/1996</b> 4. FEI Number <b>59-1914502</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KAPELOW, PAUL 11900 BISCAYNE BLVD. STE 802 MIAMI FL 33181</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>VSD</b> <input checked="" type="checkbox"/> DELETE NAME <b>PFEFFER, OLIVER</b> STREET ADDRESS <b>11900 BISCAYNE BLVD.</b> CITY-ST-ZIP <b>MIAMI FL</b>			1.1 TITLE <b>ASV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Errol Rosen</b> 1.3 STREET ADDRESS <b>11900 Biscayne Blvd., #802</b> 1.4 CITY-ST-ZIP <b>Miami, FL 33181</b>		
TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>KAPELOW, PAUL</b> STREET ADDRESS <b>11900 BISCAYNE BLVD.</b> CITY-ST-ZIP <b>MIAMI FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>Peter Brown</b> 3.3 STREET ADDRESS <b>11900 Biscayne Blvd., #802</b> 3.4 CITY-ST-ZIP <b>Miami, FL 33181</b>		
TITLE <input type="checkbox"/> DELETE 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 <input type="checkbox"/> DELETE 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 <input type="checkbox"/> DELETE 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		



CR2E034 (9/96)

SIGNATURE: \_\_\_\_\_

Errol Rosen 5/6/97 (305)892-8200