

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **662224** (5)
1. Corporation Name
FLORIDA INTERNATIONAL PROPERTY MANAGEMENT CORP.

Principal Place of Business 825 S BAYSHORE DRIVE #1643 MIAMI FL 33131	Mailing Address 825 S BAYSHORE DRIVE #1643 MIAMI FL 33131-2820
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2. Principal Place of Business 21 825 BRICKELL BAY DRIVE Suite, Apt. #, etc. 22 TOWER III SUITE 1643 City & State 23 MIAMI, FL Zip 24 33131		2a. Mailing Address 26 825 BRICKELL BAY DRIVE Suite, Apt. #, etc. 27 TOWER III SUITE 1643 City & State 28 MIAMI, FL Zip 29 33131		3. Date Incorporated or Qualified 05/01/1980		3a. Date of Last Report 05/01/1996	
		4. FEI Number 59-2061278		Applied For <input type="checkbox"/> Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
		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 MENDELSON, LAURANS A 825 S BAYSHORE DRIVE #1643 MIAMI, FL 33131				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	V	<input type="checkbox"/> DELETE			
NAME	FIGURA, RICHARD F.				
STREET ADDRESS	825 S BAYSHORE DR				
CITY- ST- ZIP	MIAMI, FL 00000				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	PAUL, JOE				
STREET ADDRESS	825 S BAYSHORE DR.				
CITY- ST- ZIP	MIAMI, FL 00000				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	MENDELSON, LAURANS A.				
STREET ADDRESS	825 S BAYSHORE DR				
CITY- ST- ZIP	MIAMI FL				
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 checked="" type="checkbox"/> Addition			
1.2 NAME	SECRETARY				
1.3 STREET ADDRESS	JUDITH VETTER				
1.4 CITY- ST- ZIP	825 BRICKELL BAY DRIVE #1643				
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 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 appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:  **LAURANS A. MENDELSON** 4/11/97 (305)374- 1745
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)