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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 670639 (4)

1. Corporation Name
INTERNATIONAL INCOME PROPERTIES, INC.

Principal Place of Business	Mailing Address
160 10TH ST.N. C/O PAULUS J. MULLER NAPLES FL 33940	160 10TH ST.N. C/O PAULUS J. MULLER NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1980

2. Principal Place of Business	2a. Mailing Address
21 3640 Del Prado Blvd	26 3640 Del Prado Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cape Coral FL	City & State 28 Cape Coral FL
Zip 24 33904 Country 25 USA	Zip 29 33904 Country 30

4. FEI Number: 59-2589174 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MULLER, PAULUS J.~~ ~~160 10TH ST.N.~~ ~~NAPLES FL 33940~~ Schafft, Ludwig	81 Name: JUDITH Schafft 82 Street Address (P.O. Box Number is Not Acceptable): 3640 Del Prado Blvd 83 84 City: Cape Coral FL 85 Zip Code: 33904

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: Judith Schafft Judith Schafft 3-1-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Pres.	☐ Change ☒ Addition
NAME	MULLER PAULUS J.		1.2 NAME	Patricia SMART	
STREET ADDRESS	1302 GRAND CANAL DRIVE		1.3 STREET ADDRESS	3640 Del Prado Blvd	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	DST	☒ DELETE	2.1 TITLE	VP Ludwig Schafft	☐ Change ☒ Addition
NAME	MULLER, CHRISTINA H.		2.2 NAME		
STREET ADDRESS	1302 GRAND CANAL DRIVE		2.3 STREET ADDRESS	1704 Savona Parkway	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	VP	☒ DELETE	3.1 TITLE	Sec-Treas	☐ Change ☒ Addition
NAME	MULLER, PAUL J.		3.2 NAME	Judith Schafft	
STREET ADDRESS	4541 26TH PLACE S.W.		3.3 STREET ADDRESS	1704 Savona Parkway	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Cape Coral FL 33904	
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		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE: Judith Schafft 3-1-98 941-574-3044