

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **698772** (1)
 1. Corporation Name
SOUTH MIAMI PROPERTIES, INC.



Principal Place of Business: **% DOLORES J. SEILER 6701 SUNSET DR SUITE 103 SOUTH MIAMI FL 33143**
 Mailing Address: **% DOLORES J. SEILER 6701 SUNSET DR SUITE 103 SOUTH MIAMI FL 33143**

3. Date Incorporated or Qualified 08/13/1981	3a. Date of Last Report 04/11/1995
4. FEI Number 59-2214292	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SEILER, DOLORES J.
 6701 SUNSET DR SUITE 103
 SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SEILER, SEYMOUR A.		2.2 NAME	
3. STREET ADDRESS	6701 SUNSET DRIVE 101-C		3.3 STREET ADDRESS	
4. CITY, ST, ZIP	SOUTH MIAMI FL		4.4 CITY, ST, ZIP	
5. TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	SEILER, DOLORES J.		6.2 NAME	
7. STREET ADDRESS	6701 SUNSET DRIVE 101-C		7.3 STREET ADDRESS	
8. CITY, ST, ZIP	SOUTH MIAMI FL		8.4 CITY, ST, ZIP	
9. TITLE		<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME			10.2 NAME	
11. STREET ADDRESS			11.3 STREET ADDRESS	
12. CITY, ST, ZIP			12.4 CITY, ST, ZIP	
13. TITLE		<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME			14.2 NAME	
15. STREET ADDRESS			15.3 STREET ADDRESS	
16. CITY, ST, ZIP			16.4 CITY, ST, ZIP	
17. TITLE		<input type="checkbox"/> DELETE	17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME			18.2 NAME	
19. STREET ADDRESS			19.3 STREET ADDRESS	
20. CITY, ST, ZIP			20.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 vice or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dolores J. Seiler* Dolores J. Seiler 1/23/96 305-661-4778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)