


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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13903 NW 67 AVE	25 13903 NW 67 AVE			08/13/1981	
Suite, Apt. #, etc. 22 240		Suite, Apt. #, etc. 27 240		4. FEI Number 59-2214292	
City & State 23 MIAMI LAKES, FL.		City & State 28 MIAMI LAKES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33014	Country 25 US	Zip 29 33014	Country 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEILER, DOLORES J. 6701 SUNSET DR SUITE 103 SOUTH MIAMI FL 33143				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 13903 NW 67 AVE, STE 240			
				83			
				84 City MIAMI LAKES FL 85 Zip Code 33014			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD SEILER, SEYMOUR A. 6701 SUNSET DRIVE 101-C SOUTH MIAMI FL	1.1 TITLE	PTD Seiler, Seymour 13903 NW 67 AVE, STE 240 MIAMI LAKES, FL. 33014
NAME	SEILER, DOLORES J. 6701 SUNSET DRIVE 101-C SOUTH MIAMI FL	1.2 NAME	SEILER, DOLORES J. 13903 NW 67 AVE STE 240 MIAMI LAKES, FL. 33014
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: *Seymour A. Seiler* 4-3-98 305-362-9227

CR2E034 (10/97)