

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 727817 (9)
 1. Corporation Name
DOUGLAS GARDENS HOLDING CORP., INC.



Principal Place of Business 5200 N.E. 2ND AVENUE MIAMI FL 33137	Mailing Address 5200 N.E. 2ND AVENUE MIAMI FL 33137
---	---

3. Date Incorporated or Qualified
10/19/1973

4. FEI Number
23-7302931

Applied For	Not Applicable
-------------	----------------

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
---	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

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
**BOUE, LOURDES A
 5200 NE 2ND AVE
 MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name JOEL DALVA
82 Street Address (P.O. Box Number is Not Acceptable)
83 5200 N.E. 2ND AVE
84 City MIAMI
85 Zip Code FL 33137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE P BECK, HAROLD 151 NE 52ND ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE SD CYPEN, STEPHEN 825 ARTHUR GODFREY RD. MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D CYPEN, BEN 825 ARTHUR GODFREY RD MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D OSSIP, AL 4800 N.E. 2ND AVE. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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, 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, custodian, or trustee, or otherwise authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *[Signature]* **HAROLD BECK** *[Signature]* **Beck 4/13/98 (305) 75186216**

CR2E037 (10/97)