


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

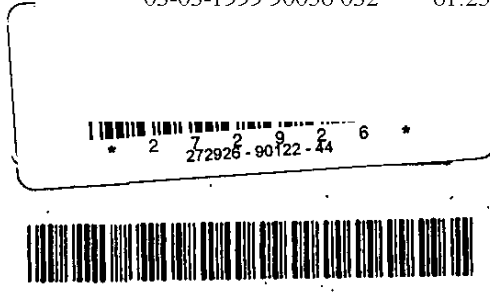
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737906**

1. Corporation Name  
**937 MICHIGAN TOWNHOUSES, INC.**

Principal Place of Business % RODRIGUEZ FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139 US	Mailing Address % RODRIGUEZ FRANCISCO 937 MICHIGAN AVE #6 MIAMI BEACH FL 33139 US
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date incorporated or Qualified <b>02/04/1977</b>
22. City & State	27. City & State	4. FEI Number <b>59-1743154</b>
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>RODRIGUEZ, FRANCISCO</b> <b>937 MICHIGAN AVE</b> <b>#6</b> <b>MIAMI BEACH FL 33139</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			<b>FL</b>
			85. Zip Code

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 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 617.0503, 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 <b>VS</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CABALLERO, ISMAEL</b>		1.2 NAME <b>CABALLERO, ISMAEL</b>	
STREET ADDRESS <b>937 MICHIGAN AVE. # 5</b>		1.3 STREET ADDRESS <b>937 MICHIGAN AVE. #5</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		1.4 CITY-ST-ZIP <b>MIAMI BEACH, FL.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OTERO, TERESA</b>		2.2 NAME	
STREET ADDRESS <b>937 MICHIGAN AVE. # 2</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CONTRERAS, GEORGINA</b>		3.2 NAME	
STREET ADDRESS <b>937 MICHIGAN AVE. # 4</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUEZ, FRANCISCO</b>		4.2 NAME	
STREET ADDRESS <b>937 MICHIGAN AVE #6</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>INTRATOR, FLORA</b>		5.2 NAME <b>INTRATOR, FLORA</b>	
STREET ADDRESS <b>927 MICHIGAN AVE., #3</b>		5.3 STREET ADDRESS <b>937 MICHIGAN AVE #3</b>	
CITY-ST-ZIP <b>MIAMI BCH. FL</b>		5.4 CITY-ST-ZIP <b>MIAMI BEACH, FL.</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CALCINES, JOSE</b>		6.2 NAME <b>OSCAR PEREZ</b>	
STREET ADDRESS <b>937 MICHIGAN AVE #1</b>		6.3 STREET ADDRESS <b>937 MICHIGAN AVE, #1</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		6.4 CITY-ST-ZIP <b>MIAMI BEACH, FL.</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED **3-24-99**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)