2002 UNIFORM BUSINES	SS REPORT (UBR
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DOCU 1. Entity Nan		0000368	, (OL		FILED 02 APR 30 PM 4: 22	<u>.</u> 2	
Principal Place of Business Mailing Address 1717 N. BAYSHORE DRIVE. SUITE 208 1717 N. BAYSHORE DRIVE MIAMI FL 33132 MIAMI FL 33132		IVE. SUITE 208		SECRETARY OF STAT TALLAHASSEE FLORI	e DA <b>MJH</b>		
2. Principal Place of Business 150 Alhambra Circle 3. Mailing Address 150 Alhambra			a Circl	e .			
Suite, Apt. #, etc. Suite 800 Suite 800 Suite 800					DUE BY MAY 1,	2002	
City & State City & State  Coral Gables, FL Coral G		City & State  Coral Gable	bles. FL		4. FEI Number 65-0474819	Applied For Not Applicable	
Zip _33134	Country	Zip 33134	Country		5. Certificate of Status Desired XX	\$8.75 Additional Fee Required	
S & K PROPERTY MANAGEMENT INC  S & K Proper Street Address (P.O. Box						Inc.	
8. The above manded entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
DOCUMENT # NAME STREET ADDRESS	S99684 INVESTMENTS OF AMERICA NO. 1, INC. 1717 N. BAYSHORE DRIVE, SUITE 208		STREET ADDRESS	150	Alhambra Circle, Su		
CITY-ST-ZIP DOCUMENT #	MIAMI FL 33132	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	Cora	al Gables, FL 3311	34	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		200005503 -05/10/02(	1429	
DOCUMENT #			STREET ADDRESS			*****8.75	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		200005503	1429	
DOCUMENT # NAME			STREET ADDRESS		-05/10/02  ****526.25	****526.25	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
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STREET AD®RESS City-St-Zip			CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							

04/29/02 (305) 476-0955