

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

**FILED**

**Mar 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006281 (7)**  
 1. Corporation Name  
**ACQUIPORT DORAL POINTE, INC.**



Principal Place of Business <b>% THE RREEF FUNDS, 55 E. 52ND ST. 31ST FL. NEW YORK NY 10055</b>	Mailing Address <b>% THE RREEF FUNDS, 55 E. 52ND ST. 31ST FL. NEW YORK NY 10055</b>
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3. Date Incorporated or Qualified <b>12/03/1996</b>		3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>APPLIED FOR 13-3917563</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22	27	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

g. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGAN, GERALD E	1.2 NAME	William H. Steube
STREET ADDRESS	875 N MICHIGAN AVE., STE. 4114	1.3 STREET ADDRESS	The RREEF Funds, 55 East 52nd St.
CITY-ST-ZIP	CHICAGO IL 60611	1.4 CITY-ST-ZIP	New York City, NY 10055
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, JAMES D	2.2 NAME	Paula M. Ferkull
STREET ADDRESS	875 N. MICHIGAN AVE., STE. 4114	2.3 STREET ADDRESS	The RREEF Funds, 875 No. Michigan Ave.
CITY-ST-ZIP	CHICAGO IL 60611	2.4 CITY-ST-ZIP	Ste. 4114, Chicago, IL 60611
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLAN, PATRICK J	3.2 NAME	Patrick E. Brown
STREET ADDRESS	55 E. 52ND ST., 31ST FL.	3.3 STREET ADDRESS	Plunkett & Jaffe, 111 Washington Ave.
CITY-ST-ZIP	NEW YORK NY 10055	3.4 CITY-ST-ZIP	Albany, NY 12210
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMOR, ROBERT H	4.2 NAME	John S. Harris
STREET ADDRESS	55 E. 52ND ST., 31ST FL.	4.3 STREET ADDRESS	Plunkett & Jaffe, 111 Washington Ave.
CITY-ST-ZIP	NEW YORK NY 10055	4.4 CITY-ST-ZIP	Albany, NY 12210
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWDEN, WEBB JR.	5.2 NAME	
STREET ADDRESS	1201 MAIN ST., STE. 930	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75202	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPPE, STEPHEN M	6.2 NAME	
STREET ADDRESS	650 CALIFORNIA ST., STE. 1800	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94108	6.4 CITY-ST-ZIP	

14. I do 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: Patrick E. Brown 518-462-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012120

CR2E034 (9/96)