

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90048 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000006281

1. Corporation Name
ACQUIPORT DORAL POINTE, INC.



Principal Place of Business % THE RREEF FUNDS. 55 E. 52ND ST. 31ST FL. NEW YORK NY 10055	Mailing Address % THE RREEF FUNDS. 55 E. 52ND ST. 31ST FL. NEW YORK NY 10055
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1996	
4. FEI Number 13-3917563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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
NAME	EGAN, GERALD E	
STREET ADDRESS	875 N MICHIGAN AVE., STE. 4114	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KING, JAMES D	
STREET ADDRESS	875 N. MICHIGAN AVE., STE. 4114	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CALLAN, PATRICK J	
STREET ADDRESS	55 E. 52ND ST., 31ST FL.	
CITY-ST-ZIP	NEW YORK NY 10055	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMOR, ROBERT H	
STREET ADDRESS	55 E. 52ND ST., 31ST FL.	
CITY-ST-ZIP	NEW YORK NY 10055	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOWDEN, WEBB JR.	
STREET ADDRESS	1201 MAIN ST., STE. 930	
CITY-ST-ZIP	DALLAS TX 75202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEPPE, STEPHEN M	
STREET ADDRESS	650 CALIFORNIA ST., STE. 1800	
CITY-ST-ZIP	SAN FRANCISCO CA 94108	

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 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, with all other like empowered.

SIGNATURE: Gerald E. Egan

4/12/99 312-266-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)