

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

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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000002810

1. Corporation Name
3435 GULFSTREAM PROPERTIES, INC.

Principal Place of Business 2665 S. BAYSHORE DR. SUITE 703 MIAMI FL 33133	Mailing Address 2665 S. BAYSHORE DR. SUITE 703 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3435 North Ocean Blvd.	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Gulfstream, Florida	28 City & State
24 Zip 33483	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 05/18/1998	4. FEI Number 98-0179010	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
RICHARDS, TIMOTHY D ESQ
2665 S. BAYSHORE DR, SUITE 703
MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name
World Corporate Services, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
2665 South Bayshore Drive
 83 **Suite 703**
 84 City
Miami 85 Zip Code
FL 33133

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: *Timothy D. Richards* **Timothy D. Richards, President 01/14/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPS	<input type="checkbox"/> DELETE
NAME	ARCAINI, ANTONIO	
STREET ADDRESS	3435 N. OCEAN BLVD	
CITY-ST-ZIP	GULF STREAM FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINTER, REBECCA	
STREET ADDRESS	3435 N. OCEAN BLVD	
CITY-ST-ZIP	GULF STREAM FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Arcaini, Rebecca	
2.3 STREET ADDRESS	3435 North Ocean Blvd.	
2.4 CITY-ST-ZIP	Gulfstream, Florida	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Timothy D. Richards	
3.3 STREET ADDRESS	2665 South Bayshore Dr., STE 703	
3.4 CITY-ST-ZIP	Miami, Florida 33133	
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: *Timothy D. Richards*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy D. Richards, AS
01/14/99 (305) 858-9900
 Date Daytime Phone #

CR2E034 (11/98)