FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DIVISION OF CORPORATIONS							
DOCUN 1. Corporation	MENT # H1338	35 (0)							
•	FLORIDA PROPERTIES I, I	NC.				4 (88) BU BAR (8) BER ANDER ANDER ENDER FRA			
Principal Place	of Business	Mailing Address	<u>. </u>						
5900 SW 73F 5900 SW 73F S MIAMI FL :	RD STREET - SUITE 303	5900 SW 73RD STRE	5900 SW 73RD ST #303 5900 SW 73RD STREET - SUITE 303 S MIAMI FL 33143						
						3. Date Incorporated or Qualified 07/17/1984	3a. Date	of Last 3/14/1	•
2. Principa! Pa	ce of Business	2a. Mailing Address 26	7			4. FEI Number			Applied For
! Suite Apt. #	, etc.	Suite, Apt. #, etc.				59-2450249		\$8.	Not Applicable 75 Additional
2		27			· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired		Fe	e Required
Orty & State		City & State				6. Election Campaign Financing Trust Fund Contribution			.00 May Be
Zip [4]	Country 25	Zip 29	Cour 30	n'ry		8. This corporation has liability for Florida Statutes X Yes	intangible ta		
	9. Name and Address of Curren					10. Name and Address of New F		gent	
				81	Name				
	WILLIAM ROBERT 7 73RD STREET			62	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
#303			•	83					
S MIAMI	FL 33143		•	84	City		FL	85	Zip Code
SIGNATURE	o the provisions of Sections 607.0502 following and, or both, in the State of Florid and accept the obligations of, Sections of the section of the sectio					ation submits this statement for the pur d of directors. I hereby accept the app	pose of cha ointment as	nging it register	s registered office red agent. I am
12.	OFFICERS AND		13.		- 3	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12
I III	PTD			1. 1 TitlE] Chang	ge Addition
NAM: STREET ADDRESS	MILLER, B. E. 5900 SW 73RD ST #303		1.2 NA		ACIDRESS				
City St Zin	S MIAMI FL		1,4 011						
THE	VSD	DELETE	2 1 11					Chang	ge 🔲 Addition
NAME CAN LE LIBERCOS	MILLER, W. ROBERT 5900 SW 73RD ST #303		2 2 NA						
STREET ADDRESS CITY: ST-ZIP	S MIAMI FL		2 3 ST		ADDRESS				
IIIst		DELETE	3 1 Til] Chang	ge 🔲 Addition
NAM(3 2 NA						
STREET ADDRESS					ADDRESS				
CHY-ST ZIF: THILF		DELETE	3.4 C(1 4. 1 T(1		- 219			Chang	ge Addition
NAME			4.2 NA	Nε			_		
STREET ADDRESS			4.3 ST	REET	ADDRESS				·
OFFY - ST_ZIP		[DELETE	4.4 CIT		- 21P			3 04	- Address
NAME		Limit	5 1 TII 5.2 NAI				L) Chang	ge [] Addition
STHEE! ADDRESS					ADDRESS				
CITY ST ZIP			5.4 CIT						
101.6		☐ DELETE	6 1 Til	Ιιŧ) Chang	ge 🔲 Addition
NAME			6 2 NA						
STREET ACORESS					ADDRESS				
City-ST-ZiP 14. I do hereby	certify that the information supplied v	vith this filing is voluntarily furn	64 CH hished and d			or the exemption stated in Section 119.	07/3)/k) Flor	ida Sta	itutes 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 early that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. It miles SIGNATURE:

CR2E034 (12/95)