


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

FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J45554 (9)</b> 1. Corporation Name <b>SUCHMAN CORPORATE PARK, INC.</b>					
Principal Place of Business <b>% SHANE-SUCHMAN REAL ESTATE CO. 1550 MADRUGA AVE. #230 CORAL GABLES FL 33146</b>			Mailing Address <b>% SHANE-SUCHMAN REAL ESTATE CO. 1550 MADRUGA AVE. #230 CORAL GABLES FL 33146-3075</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified <b>12/05/1986</b> 3a. Date of Last Report <b>04/12/1996</b> 4. FEI Number <b>59-2776453</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LAWRENCE E SUCHMAN 1550 MADRUGA AVE SUITE 230 CORAL GABLES FL 33146</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUCHMAN, CLIFFORD L.</b>		1.2 NAME		
STREET ADDRESS	<b>185 COCOPLUM ROAD</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33143</b>		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUCHMAN, DANIEL A</b>		2.2 NAME		
STREET ADDRESS	<b>328 MINORCA AVE.</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUCHMAN, LAWRENCE E.</b>		3.2 NAME		
STREET ADDRESS	<b>1550 MADRUGA AVE. #230</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEIN, SAUL</b>		4.2 NAME		
STREET ADDRESS	<b>13705 SW 82 COURT</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33158</b>		4.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROBERTS, PETER A.</b>		5.2 NAME	<b>ST ROBERTS, PETER A</b>	
STREET ADDRESS	<b>9345 SW 130 ST.</b>		5.3 STREET ADDRESS	<b>14930 S.W. 86 Ave</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>		5.4 CITY-ST-ZIP	<b>Miami, FL 33158-1925</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: <i>Peter A. Roberts</i>			5/17/97 305-667-6461		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)