

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J83372 (9)
1. Corporation Name
CUMMINS PROPERTIES, INC.



Principal Place of Business
4400 BISCY. BLVD.
MIAMI FL 33137
US

Mailing Address
4400 BISCY. BLVD.
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2834714	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TABERNILLA, ARMANDO A 4400 BISCAYNE BLVD MIAMI FL 33137				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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	PFENNIGER, RICHARD C.			1.2 NAME	SEE ATTACHED LIST		
STREET ADDRESS	8800 N.W. 36TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	DAS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TABERNILLA, ARMANDO A.			2.2 NAME			
STREET ADDRESS	8800 N.W. 36 STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZINZI, ANDREW			3.2 NAME			
STREET ADDRESS	8800 N.W. 36TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUBIN, DORA B.			4.2 NAME			
STREET ADDRESS	8800 N.W. 36 STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIEGEL, JORDAN			5.2 NAME			
STREET ADDRESS	8800 NW 36 STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
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 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: Jeffrey F. Eisenberg 1/15/98 305-575-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0544845

CR2E034 (10/97)

1998 FLORIDA CORPORATION ANNUAL REPORT
CUMMINS PROPERTIES, INC.
Question 12 & 13

PD

Beier, Thomas E.

4400 Biscayne Boulevard, Miami, FL 33137

SD

Tabernilla, Armando A.

4400 Biscayne Boulevard, Miami, FL 33137

T

Siegel, Jordan

4400 Biscayne Boulevard, Miami, FL 33137

AS

Eisenberg, Jeffrey F.

4400 Biscayne Boulevard, Miami, FL 33137

AS

Nation, Marianne Hurd

4400 Biscayne Boulevard, Miami, FL 33137



IVAX Corporation
4400 Biscayne Boulevard
Miami, Florida 33137
Telephone: 305-575-6000

January 15, 1998

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Cummins Properties, Inc.

Gentlemen:

Enclosed herewith is the 1998 Corporation Annual Report on behalf of the above-referenced corporation. Also enclosed is a check in the amount of \$150.00 to cover the filing fees.

To evidence receipt of the above filing, please stamp the attached acknowledgment copy of this letter and return same to the undersigned in the stamped, pre-addressed envelope provided.

Very truly yours,

IVAX CORPORATION

A handwritten signature in cursive script, reading "Carole I. Amster".

Carole I. Amster
Legal Assistant

Enclosures



IVAX Corporation
4400 Biscayne Boulevard
Miami, Florida 33137
Telephone: 305-575-6000

January 15, 1998

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

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Very truly yours,

IVAX CORPORATION

A handwritten signature in cursive script, reading "Carole I. Amster". The signature is written in dark ink and is positioned above the printed name and title.

Carole I. Amster
Legal Assistant

Enclosures