FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 29 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # Corporation Name NORTHEAST APARTMENT, INC. Principal Place of Business Mailing Address 13220 S.W. 21 STREET 13220 S.W. 21 STREET MIAMI FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0084603 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORVO, ROGELIO, JR 13220 S.W. 21 STREET Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33175** 83 84 City Zip Code 85 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** red agent and title if applicab (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD TITLE DELETE 1.1 TITLE Change CORVO, ROGELIO JR. NAME 1.2 NAME 13220 SW 21ST STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETÆ 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition A 6.2 NAME NAME STREET ADDRESS 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.

CITY-ST-ZIF

SIGNATURE: