| FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00   |   |  |  |   | FILED   |  |
|--|---|--|--|---|---|--|
|  | PROFIT<br>PORATION  |  |  | RTMENT OF STATE                         | ] Apr 30  | 1997 8:00am  |
| ANNU   | 1997  |  | Secretary of State<br>DIVISION OF CORPORATIONS |   | Secretary of State  |  |
| DOCU   | MENT # <b>K42</b> 4   | 165  | (0)  |   | -   |  |
| L. Corporado   | MAN-FELS CONSTRUC   |  | · · ·  |   |   |  |
|  |   |  |  |   |   |  |
| Principal Place of Business<br>5901 S.W. 111 STREET  |   |  | ing Address<br>S.W. 111 STREET                 |   | 1 IODIOIII DII AIEIE IIDII VAIMID DIII OLEKE UNDII DIATI EIEIL OLUHI (AD)       |  |
| 3 FLOOR<br>MIAMI FL 33156  |   |  | 3 FLOOR<br>MIAMI FL 33156-4104                 |   |   |  |
| US   |   | US   |  | ۱                                       | 3. Date Incorporated or Qualifient 11/01/1988                                   | ed <b>3a.</b> Date of Last Report <b>04/16/1996</b>                          |
| 2. Principal P   | BROOKMAN-FELS   |  | Mailing Address                                | ·····                                   | 4. FEI Number<br>65-0099690   | Applied For<br>Not Applicable  |
| Suite, Au  | S. OCEAN DR., SUIT<br>DLLYWOOD, FL 330  |  | Suite, Apt <b>BROO</b>                         | KMAN-FELS                               |   | 58 75 Additional   |
| 22<br>City & Stat  | 6   |  |  | AN DR., SUITE G-9<br>DOD, FL 33019      |   | 9\$5.00 May Be   |
| 23<br>Z·p  | Country   | 28   | ?ip  | Country                                 | Trust Fund Contribution           8. This corporation has liability             | for intangible tax under s. 199.032,   |
| 24   | 25<br>9. Name and Address of  | 29<br>Current Registe                                  | red Agent                                      | 30                                      | Florida Statutes 10. Name and Address of New                                    | Kayes No<br>Registered Agent   |
| ROSS ADICKMAN 81 Name  |   |  |  |   |   |  |
| 5901 S.W. 111 STREET B2 Street Address (P.O. Box Number is Not Acceptable) 3RD FLOOR   |   |  |  |   |   |  |
| MIAMI FL 33156 83  |   |  |  |   |   |  |
|  |   |  |  | 84 City                                 |   | FL 85 Zip Code   |
| office or r  | to the provisions of Sections 6<br>registered agent, or both, in th<br>im fanchar with, and accept th | e State of Florida                                     | Such change was                                | authorized by the corporati             | oration submits this statement for the<br>ion's board of directors. I hereby ad | he purpose of changing its registered<br>ccept the appointment as registered |
| SIGNATURE  | Signation type dice perioded nation of regis  |  |  | ITE: Registered Agent signature require | ad when reinstation)  | DATE   |
| <b>12.</b>   |   | RS AND DIRECT  |  | 13.                                     |   | FFICERS AND DIRECTORS IN 12  |
| NAME   | FELS, JONATHAN E.   |  |  | 1.2 NAME                                |   |  |
| STREET ADDRESS   | 5901 S.W. 111 STREET<br>MIAMI FL  |  |  | 1.3 STREET ADDRESS                      |   |  |
| CITY-ST-Z#<br>HUE  | VST   | . ۵ . <u>مدین میں ر</u> اب المانی ور الار اور المانی و | DELETE   | 2 1 TITLE                               |   | Change Addition  |
| NAME<br>STREE! ADDRESS   | ADICKMAN, ROSS<br>5901 S.W. 111 STREET  |  |  | 2.2 NAME<br>2.3 STREET ADDRESS          |   |  |
| C-IY-ST-ZIP  | MIAMI FL  |  |  | 2. 4 CITY-ST-ZIP                        |   |  |
| THUE<br>NAME   |   |  | L] DELETE                                      | 3.1 TITLE<br>3.2 NAME                   |   | Change Addition  |
| STREET ADDRESS   |   |  |  | 3 3 STREET ADDRESS                      |   |  |
| CHY-ST-ZP<br>Tattf   |   |  | DELETE   | 3.4. CITY - ST-ZiP<br>4.1 TITLE         | <u></u>   | Change Addition  |
| NAME   |   |  |  | 4. 2 NAME                               |   |  |
| STREET ADDRESS<br>CITY: S1: ZIP  |   |  |  | 4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   |   |  |
| Title  |   |  | DELETE   | 5.1 TITLE                               | <u></u>   | Change Addition  |
| STHEET ADDRESS   |   |  |  | 5.2 NAME<br>5.3 STREET ADDRESS          |   |  |
| CHY-ST-ZP  | · · · · · · · · · · · · · · · · · · ·   |  | DELETE   | 54 CITY-ST-ZIP                          |   | Change Addition  |
| TALE<br>NAME   |   |  |  | 6 1 TITLE<br>6 2 NAME                   |   | Change Addition  |
| STREET ADDRESS   |   | _  |  | 6.3 STREET ADDRESS                      |   |  |
| C-IY-ST ZIP<br>14. I do herei<br>informatio  | by certify that the information s   | supplied with this                                     | filing does not qua                            | 6.4 CITY-ST-ZIP                         | In Section 119.07(3)(i), Florida Sta  | tutes. I further certily that the  |
| 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this sonual report or supplemental 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 roporation or the receiver producer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, chapted, or on the appears in Block 12 or Block 13, chapted, or on the appears. |   |  |  |   |   |  |
| SIGNATURE: SIGNATURE IND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR  |   |  |  |   |   |  |
| SIGNAL   | SIGNATURE NO T  | YPED OR PRINTED N                                      | AME OF SIGNING OFFICE                          | A DR DIRECTOR                           | Date  | Daytwie Phone #  |