

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K67985** (7)

1. Corporation Name
AMERICAN VENTURES PROPERTIES, INC.



Principal Place of Business: **255 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES FL 33134 US**
Mailing Address: **255 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **02/16/1989**
3a. Date of Last Report: **04/27/1995**
4. FFI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing / Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent

**ARCIA, AGNES
255 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, Zip Code.

11. Pursuant to the provisions of Sections 607.04(2) and 607.1501, 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, Sections 607.04(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as above)

Signature of Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS (1-6) fields: TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP. Includes a [DELETE] checkbox for each entry.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (7-12) fields: 1-6. Includes checkboxes for [Change] and [Addition].

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered or listed agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an alternate with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip F. Blumberg, D

4/22/96

(305) 569-9500

CR2E034 (12/95)