

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K88918** (3)

1. Corporation Name

**MILESTONE G.V. DEVELOPERS, INC.**

Principal Place of Business

**% IRWIN S. GARS  
2665 S. BAYSHORE DR., SUITE M-103  
COCONUT GROVE FL 33133**

Mailing Address

**% IRWIN S. GARS  
2665 S. BAYSHORE DR., SUITE M-103  
COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/17/1989</b>	3a. Date of Last Report <b>03/29/1996</b>
4. FEI Number <b>65-0122828</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GARS, IRWIN S.  
2665 S. BAYSHORE DR.,  
SUITE M-103  
COCONUT GROVE FL 33133**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARS, IRWIN S.</b>	1.2 NAME	
STREET ADDRESS	<b>2665 S. BAYSHORE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAPIRO, MICHAEL A.</b>	2.2 NAME	
STREET ADDRESS	<b>2665 S. BAYSHORE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>2665 S. BAYSHORE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENARD, HOWARD</b>	4.2 NAME	
STREET ADDRESS	<b>2665 S. BAYSHORE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUSSMAN, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>4201 N. OCEAN DR #605</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASSALACQUA, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>4201 N. OCEAN DR #605</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	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 in an attachment with an address.

SIGNATURE: X

*[Signature]*

7/26/97

CR2E034 (4/97)