

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L65455 (2)
1. Corporation Name
PROPERTY IMPROVEMENTS INC.

FILED
98 MAR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
1825 N.W. 167 ST SUITE 108 MIAMI FL 33056
350 N. Seaboard Road Miami, Fla. 33169
1825 N.W. 167 ST SUITE 108 MIAMI FL 33056
350 N. Seaboard Road Miami, Fla. 33169

REINSTATEMENT 9098

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 04/16/1990 | | 12/14/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 65-0183973 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| Zip | | Country | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | Yes No | |
| 24 | | 25 | | 29 | | 30 | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LAVAN, DANIEL 1825 NW 167 ST SUITE 108 MIAMI FL 33056 | | | | 81 Name DANIEL LAVAN JR. 82 Street Address (P.O. Box Number is Not Acceptable) 83 1320 N.W. 174 St. 84 City Miami FL 85 Zip Code 33169 | | | |

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 607.0509, Florida Statutes.

SIGNATURE Daniel Lavan / President DANIEL LAVAN 3-2-98

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE PS NAME LAVAN, DANIEL, JR. STREET ADDRESS 1320 N.W. 174TH ST. CITY-ST-ZIP MIAMI FL | | | | 1.1 TITLE President 1.2 NAME DANIEL LAVAN 1.3 STREET ADDRESS 1320 N.W. 174 St 1.4 CITY-ST-ZIP Miami, Fla. 33169 | | | |
| TITLE VPT NAME HOWARD DAVIS STREET ADDRESS 630 NE 165ST CITY-ST-ZIP MIAMI FL 33162 | | | | 2.1 TITLE Vice President 2.2 NAME Carolyn LAVAN 2.3 STREET ADDRESS 1320 N.W. 174 St 2.4 CITY-ST-ZIP Miami, Fla. 33169 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 3.1 TITLE Secretary 3.2 NAME DANIEL LAVAN 3.3 STREET ADDRESS 1320 N.W. 174 St. 3.4 CITY-ST-ZIP Miami, Fla. 33169 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | |

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Lavan 3/2/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)