## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## **FILED** Apr 29 1997 8:00am

(305) 358-4441

ANNUAL REPORT 1997	S. 420	ary of State CORPORATIONS	Secreta	ry of State
DOCUMENT # 1.9 1. Corporation Name ASSURED PROPERT	3227 IES INC.	(1)		
Principal Place of Business	Mailing Address -2 SOUTH BIG	SCAYNE DLVD.		
<del>Мідмі, Гр. 33131</del>	MIAMI, FL	<del>33131 -</del>	3. Date Incorporated or Qualified 08/09/1990	3s. Date of Last Report
2. Principal Place of Business 21 444 Brickell	2a. Mailing Address 26		4, FEI Number 65-0347289	Applied For Not Applicable
Suite Agr #. etc 22 # 51-246	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Miami, Floriđa	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29	Country 30	8. This corporation has liability for	
	Current Registered Agent	1301	10. Name and Address of New Re	
		81 Name		
IBC FIDUCIARY INC.  82 Street Addi			ress (P.O. Box Number is Not Acceptat	ole)
100 SE 2ND ST. SUITE 2315-A		83		
MIAMI, FL 33131				
		84 City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections to office or registered agent, or both, in the agent Tam Jamiliar with, and accept the</li> </ol>	607 0502 and 607.1508, Florida Statu ne State of Florida. Such change was	ites, the above-named corp authorized by the corporal torida Statutes	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
S:GNATUR!				
5ig ataic typed or perited name of regi 12. OFFICE	stered agent and title if applicable (NO ERS AND DIRECTORS	TE: Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
140 <b>D/P</b>	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME LeCOMPTE, J.		1.2 NAME		
SIRELI ACORESS 444 BRICKELL A		13 STREET ADDRESS		
OFF-ST-ZIF MIAMI, FL 331	31 T DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
TITLE S NAME CAPRAYO. R.		2.2 NAME		L Criange L Addition
NAME CARBAYO, E. SIREST ADDRESS 444 BRICKELL A	VP #51_246	2.3 STREET ADDRESS		
MIAMI, FL 331	วา	2 4 CITY-ST-ZIP		
THEF &	DELETE	3 1 TITLE	ık	Charge Adottion
NAME		3.2 NAME		Mr FY
STREET ANDRESS		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		~!( <b>\K</b> \)
HILF	☐ DELETE	4.1 TITLE		Chang Addition
NAME	<del></del>	4 2 NAME		- 26
STHEF : ADDRESS		4 3 STREET ADDRESS		
City - S1 - 78°	Therese	4.4 CITY - S1 - ZIP	**************************************	——————————————————————————————————————
TITLE	DELETE	51 TITLE		☐ Change ☐ Addition
NAME Other Estation		5.2 NAME 5.3 STREFT ADDRESS		
STREET ANOMESS CITY ST ZIP		54 City-St-Zip		
1111	DELETE	61 TITLE ,	<u> </u>	Change Addition
NAME		6.2 NAME	50000216 -05/02/97010 ***173.75	44063
STREET ADDISESS.		6 3 STREET ADDRESS	***17375	,, 000
Cliv St. 7/2	ound ad with this files does as a	6.4 CITY-ST-ZIP		
<ol> <li>I do hereby certify that the information information indicated on this annual re- lian as officer or director of the corpor appears in Block 12 or Block 13 if char</li> </ol>	port or supplemental annual report is ation or the receiver or trustee empore	true and accurate and that wered to execute this report	t my signature shall have the same lega	al effect as if made under oath: that

J. LeCompte
AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR