

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98846 (3)

1. Corporation Name
BLUE POINT PROPERTIES INC.

Principal Place of Business % LOEB, BLOCK & WACKSMAN 505 PARK AVENUE, SUITE 900 NEW YORK NY 10022	Mailing Address % LOEB, BLOCK & WACKSMAN 505 PARK AVENUE, SUITE 900 NEW YORK NY 10022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SHAPO, FREEDMAN & BLOOM Suite, Apt. #, etc. 22 200 SOUTH BISCAYNE, STE. 475 City & State 23 MIAMI, FLORIDA Zip 24 33131		2a. Mailing Address 26 Loeb, Block & Partners LLP Suite, Apt. #, etc. 27 505 Park Avenue 9th Floor City & State 28 New York, NY Zip 29 10022		3. Date Incorporated or Qualified 09/11/1990	
		4. FEI Number 58-1919747		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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			

9. Name and Address of Current Registered Agent NORTMAN & BLOOM, P.A. 1101 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name SOUTH FLORIDA RESIDENT AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 83 First Union Financial Center Suite 4750 200 South Biscayne Boulevard 84 City Miami FL 85 Zip Code 33131	
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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  LEONARD H. BLOOM, V/S 4/15/98
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMANSKI, MARIANA	1.2 NAME	
STREET ADDRESS	444 BRICKELL AVE #420	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMANSKI, SABA	2.2 NAME	
STREET ADDRESS	444 BRICKELL AVE #420	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMANSKI, ALBERTO	3.2 NAME	
STREET ADDRESS	444 BRICKELL AVE #420	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMANSKI, CAROL	4.2 NAME	
STREET ADDRESS	444 BRICKELL AVE #420	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELZER, HERBERT M	5.2 NAME	
STREET ADDRESS	505 PARK AVE SUITE 900	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

212-755-5510

CR2E034 (10/97)