

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 6: 23

DOCUMENT # M43554 (8)

1. Corporation Name
CONCORDIA FLORIDA PROPERTIES, INC.

Principal Place of Business Mailing Address
16445 COLLINS AVENUE 16445 COLLINS AVENUE
MIAMI FL 33180-4537 MIAMI FL 33180-4537
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt #, etc		2a. State, Apt #, etc		12/19/1988	07/20/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 /in Country		28 /in Country		59-2777019	Not Applicable
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Corporate/Trust/Partnership <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		7. This corporation has liability for franchise tax under s. 109 (1)(2) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PANKOW, GERALD R. 16445 COLLINS AVENUE MIAMI BEACH FL 33160				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (print or printed name of registered agent and the filer) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNINGER, GUNTHER	12 NAME	
STREET ADDRESS	16445 COLLINS AVENUE	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	14 CITY, ST, ZIP	
TITLE	VPS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIKAMP, GERTI	22 NAME	
STREET ADDRESS	16445 COLLINS AVENUE	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and claim not qualify for the exemptions stated in Sections 110 (7)(1)(b), 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 of this report or in Block 11, in part with an address.

SIGNATURE: _____ DATE: June 26, 95
SIGNATURE APPLIED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR

CR2E034 (3/95)