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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

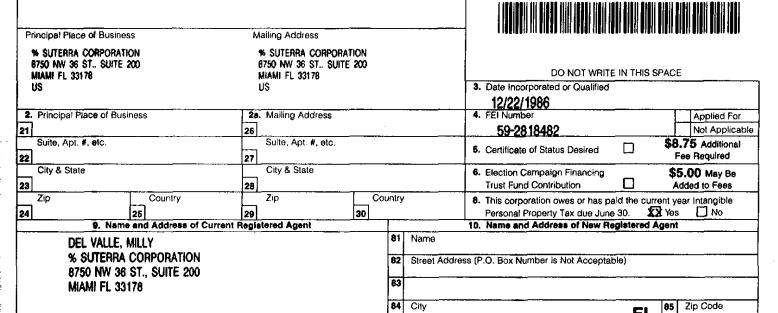
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M43717

(1)

TOWERS C-705, INC.

FILED Mar 25 1998 8:00am Secretary of State



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					ì
SIGNATURE	Signature, typod or printed name of registered agent and title if applicable (NOTE: 8	Registered Agent signature	re required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTOR:	3 IN 12
TITLE	VTS DELETE	1.1 TITLE		Change	☐ Addition
NAME	DEL VALLE MILLY	1.2 NAME			
STREET ADDRESS	8750 NW 36 ST SUITE 200	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	1.4 CITY - ST - ZIP	<u></u>		
TITLE	☐ DFLETE	2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	•		
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME	1		ļ
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			}
O/TV OT 310		646104 67 7/0			1

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 changes, or on an attachment with an address.

3055925999

SIGNATURE: