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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M47384



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90166 004 ***150.00

1. Corporation Name				
FIRST PRIMA INDUSTRIAL PROPERTY CORP.				1
Principal Place	of Rusiness	Mailing Address		
•		4702 SW 74TH AVENUE		
4702 SW 74TH 1500 SAN REM	=	1500 SAN REMO		
		MIAMI FL 33155		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
US		US		02/27/1987
2 Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number Applied For
2. Filiticipal Fi	ace of business	26 1330 NW	DRANC	59-2789428 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	·	27		1 66 Tecquired
City & State	e	City & State	710	6. Election Campaign Financing \$5.00 May Be
23				Truet Fund Contribution Added to Fees
Zip	Country	Zip 33/26 3	Country 0 DASE	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25		0 0 0	10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10.				10.
SHA	re, leslie a.		20 04	Address (D.O. Paul Number in Not Accoptable)
1500 SAN REMO			82 Street	Address (P.O. Box Number is Not Acceptable)
COR	AL GABLES FL 33146		83	
			84 City	85 Zip Code
i I			'	FL
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 of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the state of Florida Statutes.				
agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.	Statisty's board of direction of the state o
SIGNATURE				required when rejustating) DATE
	Signature, typed or printed name of registered agent OFFICERS AND		legistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	D OF FOLING AFTE	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CANTOR, ALBERTO		1.2 NAME	,
STREET ADDRESS	1500 EDWARD BALL BLDG		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	,
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	Change C Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- ST-ZIP 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	61 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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, with all other like empowered. CITY-ST-ZIP