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

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M55492 (6)SOUTH BEACH PARTNERS, INC. Principal Place of Business Mailing Address 2333 PONCE DE LEON BLVD 2333 PONCE DE LEON BLVD PH. 1100 PH. 1100 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified <u>07/10/1987</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2825090 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WESTON, ANDREW R. 2333 PONCE DE LEON BLVD PH-1111 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 Zip Code 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 Signature, typod or printed name of registered agent and tice if applicable (NOTE Registered Agent's gnature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 THUE Change Addition n COBB. SUE M. NAME 1.2 NAME 2333 PONCE DE LEON BLVD STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition TEMPLE, JOHN W. 2.2 NAME 2300 N.W. CORPORATE BLVD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZiP DELETE Change ___ Addition 31 TITLE HAME SHUBIN, BILL 3.2 NAME 2300 N.W. CORPORATE BLVD STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE WESTON, ANDREW R. NAME 4. 2 NAME STREET ADDRESS 2333 PONCE DE LEÓN BLVD PH-1111 4.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-\$T-ZIP 5.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

PRINTER Y/22/CO

(305)441 1700

Change

Addition