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APPROVED AND FILED

95 MAY -1 AM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **M65626** (7)

1. Corporation Name:
137 PROPERTIES, INC.

Principal Place of Business: **12300 SW 132ND CT. MIAMI FL 33186**
Mailing Address: **12300 SW 132ND CT. MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	State Apt # etc	26	State Apt # etc
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
25	Locality	30	Locality

3. Date Incorporated or Qualified	3a. Date of Last Report
01/25/1988	08/16/1994
4. FEI Number	Applied For / Not Applicable
65-0037468	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHAPIRO, JEREMY
12300 SW 132ND CT.
MIAMI FL 33186

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address, P.O. Box Number, Not Applicable
B3
B4 City, State, Zip
FL B5

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, this 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 Sections 199.031, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHAPIRO, JEREMY
STREET ADDRESS	12300 SW 132ND CT.
CITY, ST, ZIP	MIAMI FL 33186
TITLE	DVP
NAME	SHAPIRO, BRIAN
STREET ADDRESS	12300 SW 132ND CT.
CITY, ST, ZIP	MIAMI FL 33186
TITLE	DS
NAME	SHAPIRO, DAVID
STREET ADDRESS	12300 SW 132ND CT.
CITY, ST, ZIP	MIAMI FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 recipient of trustee employment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block C or Block A of changes, or on an attachment with an address.

SIGNATURE: *David Shapiro*
DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95