## 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 # M65626

(7)

FILED
May 15 1998 8:00am
Secretary of State

137 PR	OPERTIES, INC.				
Principal Plac	ce of Business	Mailing Address		a mansalli ilo acial diffa fisia tidid diff dalli di	Bit 01011 \$1016 0101/ 0101/ 1101
12300 SW 132ND CT. 12300 SW 132ND CT. MIAMI FL 33186 MIAMI FL 33186					
				DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
				01/25/1988	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0037468	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	04 1/	10. Name and Address of New Registere	d Agent
SHAPIRO, JEREMY			81   Name		j
12300 SW 132ND CT.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	<del> </del>
MU	AMI FL 33186				<del></del>
			83		
			84 City		85 Zip Code
- 44		00 1007 1100 51 11 01 1		F	
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such change was pritions of, Section 607,0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	opointment as registered
SIGNATURE	Signature, typed or printed manie of registered as	per and tile it applicable (NO	TE: Registered Agent signature requi	ized when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 3fTLF		Change Addition
NAME	SHAPIRO, JEREMY		1.2 NAME		
STREET ADDRESS	12300 SW 132ND CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - SY - ZIP		
TITLE	DVP	DELETE	2.1 TITLE		Change Addition
NAME	SHAPIRO, BRIAN		2.2 NAME		
STREET ADDRESS	12300 SW 132ND CT.		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		2 4 CITY-ST-ZIP		
TITLE	DS	DELETE	3 1 TITLE		Change Addition
NAME	SHAPIRO, DAVID		3.2 NAME		
STREET ADDRESS	12300 SW 132ND CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		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		☐ DELE1E	5.1 TIBLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	1	DELETE	61 TITLE		Change Addition
NAME			62 NAME		Į
STREET ADDRESS			6.3 STREET ADDRESS		
CITY. ST. 7IP	l .		6.4 CITY - \$1 - 71P		

14. Thereby 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 comporation 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.

SIGNATURE:

Hand Shagens

DAVID SHAPIRO

4/17/98

(308)-48-657