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

PROFIT CORPORATION ANNUAL REPORT 1999

JOVE PROPERTIES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90168 037 ***150.00

|--|

| Principal Place | e of Business | Mailing Address | | | | | |
|-------------------------------|---|-------------------------------|----------------------|--------------------|--|--|---|
| 1428 BRICKELL AVE STE 105 | | 1428 BRICKELL AVE STE 105 | | | DO NOT WRITE IN THIS SPACE | | |
| MIAMI FL 32131 | | MIAMI FL 33131 US | | | | 3. Date Incorporated or Qualified | |
| US | | US | | | | 08/24/1988 | |
| 2. Principa Place of Business | | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
| - | | 26. Walling Address | | | | 65-0144872 Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Auditional | |
| 22 | | 27 | | | | 5. Certifc ate of Status Desired Fee Recuired | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | | |
| Zip | Cour try | Zip Country | | | 8. This corporation owes the current year intangible | | |
| 24 25 | | 29 30 | | | Persor al Property Tax. Yes 1 No | | |
| | 9. Name and Address of Current | Registered Agent | | 0.4 | N | 10. Name and Address of New Registered Agent | |
| HAL | DOVN FONECT M | | 18 | B1 | Name | | |
| | PRYN ERNEST M 3 BRICKELL AVE STE 105 | | 8 | 82 | Street Ac dre | ress (P.O. Box Number is Not Acceptable) | |
| | WI FL 33131 | | - | 83 | | | |
| IVIIA | WIT I C 30401 | | , | 0.5 | | | |
| | | | [8 | 84 | City | FL 85 Zip Code | |
| 44 () | to the provisions of Stations 607 0603 | and 607 1508 Florida Statu | tos the ahr | | named or roo | poration submits this statement for the purpose of changing its registered | |
| office crr | egistered agent, or both, in the State of | i Florida. Such change was ∂ | iuthorized l | by tr | ne corporatio | ion's board of directors. I hereby accept the approintment as reg stered | |
| agent. ⊢a | m familiar with, and at cept the obligated | ons of, Section 607.0505, Fig | orida Statut | es. | | | |
| SIGNATUFE | Signature, typed or printed na ne of registered agent | and title if applicable. (NOT | : Registered A | gent s | signature required | ed when reinstating) DATE | 2 |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | Š |
| TITLE | AS | ☐ DELETE | 1.1 TITL | 1.1 TITLE | | ☐ Change ☐ Addition | 7 |
| NAME | WEISBERG, ALAN JAY | | 1 2 NAM | 12 NAME | | | Č |
| STREET ADDRESS | 1428 BRICKELL AVE, STE 105 | | 1.3 STR | 1.3 STREET ADDRESS | | | Ų |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY | 1.4 CITY-ST-ZIP | | | ò |
| TITLE | PD | ☐ DELETE | 2.1 TITL | £ | | ☐ Change ☐ Addition | |
| NAME | HALPRYN, ERNEST M. | | 2.2 NAM | Æ | | | |
| STREET ADDRESS | 1428 BRICKELL AVE, STE 105 | | 2.3 STR | EETA | ODRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 2. 4 CIT | | ZIP | ☐ Change ☐ Addition | |
| TITLE | STD | ☐ DELETE | 3.1 TITL | | | Change Addition | |
| NAME | LABIANCA, PHILIP | | 3 2 NAM | | | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | ☐ DELETE | 3.4. CIT 4.1 TITL | | -ZIP | Change Addition | |
| TITLE | VPD | C DECETE | | | | | |
| NAME | DEVECCHI, JOHN | | 4. 2 NA | | NODDECC | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP TITLE | MIAMI FL | ☐ DELETE | 4 4 CITY 5 1 TITL | | ZIF | ☐ Change ☐ Addition | |
| NAME | | occure | | 5.2 NAME | | _ , _ | |
| STREET ADDRESS | | | | 5.3 STREET AD | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | |
| TITLE | _ | ☐ DELETE | 6.1 TITL | E. | | Change Addition | |
| NAME | | | 6.2 NAM | Æ | | | |
| STREET ADDRESS | | | 6.3 STR | REETA | ADDRESS | | |
| i | 1 | | | | | 1 | |

64 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 changer, or on an attact ment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

ERNEST M HALPRYN RE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR APRIL 14, 1999

305 371-4112

Daytime Phone #