


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

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Feb 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M96096 (6)</b> 1. Corporation Name <b>SEQUOIA LAND DEVELOPMENT, INC.</b>			
Principal Place of Business <b>8818 S.W. 72 STREET SUITE F-136 MIAMI FL 33173</b>		Mailing Address <b>8818 S.W. 72 STREET SUITE F-136 MIAMI FL 33173-3534</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>FLORIDA REGISTERED AGENTS, INC. ONE CENTRUST FINANCIAL CENTER 100 SOUTHEAST 2ND STREET, #3600 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent 81 Name <b>Sigel, Philip ESQ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8818 SW 72nd St F-136</b> 83 <b>Miami FL</b> 84 City <b>Miami</b> FL 85 Zip Code <b>33173</b>	
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 <i>Philip Sigel</i> (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS TITLE P <input checked="" type="checkbox"/> DELETE NAME <b>BLOMBERG, NORMAN</b> STREET ADDRESS <b>6205 S.W. KENDALE LAKES CIRCLE F-178</b> CITY-ST-ZIP <b>MIAMI FL</b> TITLE VP <input type="checkbox"/> DELETE NAME <b>SIGEL, PHILLIP</b> STREET ADDRESS <b>6205 S.W. KENDALE LAKES CIRCLE F-178</b> CITY-ST-ZIP <b>MIAMI FL</b> TITLE T <input type="checkbox"/> DELETE NAME <b>SCHEY, SHERYL</b> STREET ADDRESS <b>6205 S.W. KEYDALE LAKES CIRCLE F-178</b> CITY-ST-ZIP <b>MIAMI FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Sigel, Philip</b> 2.3 STREET ADDRESS <b>6205 SW Kendale Lakes Circle F-178</b> 2.4 CITY-ST-ZIP <b>Miami, FL</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 as an attachment with an address. SIGNATURE: <i>Philip Sigel</i> 1/7/97 305 271-7717 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)