

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Seitz B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12572 (6)
1. Corporation Name
MIAMI LAKES COMMERCE PARK-SECTION NINE OWNERS' ASSOCIATION, INC.



Principal Place of Business % LEGAL DEPARTMENT 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5812	Mailing Address % LEGAL DEPARTMENT 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016-5812
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3. Date Incorporated or Qualified 12/17/1985		
4. FEI Number 65-0030482	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent BRAFMAN, HOWARD J. 7900 MIAMI LKS DR. W. MIAMI LAKES FL 33016-2897	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAFMAN, HOWARD J.	1.2 NAME	
STREET ADDRESS	7900 MIAMI LKS DR. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLONG, PAMELA	2.2 NAME	FURLONG, PAMELA
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	2.3 STREET ADDRESS	305 ROYAL POINCIANA PLAZA
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	PALM BEACH FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERFMANN, JEFFRIE A	3.2 NAME	
STREET ADDRESS	15255 N.W. 82 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DAAM, DAVID	4.2 NAME	
STREET ADDRESS	15200 N.W. 80TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  MARCH 31, 1998 (305) 364-4123

CR2E037 (10/97)