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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39898 (4) 1. Corporation Name ASSOCIATION OF COMMERCIAL REAL ESTATE WOMEN, INC			



Principal Place of Business DELAYNE SIGERMAN 1400 NW 107TH AVENUE MIAMI FL 33172 US	Mailing Address ADLER FIRST COMMERCIAL 1400 NW 107TH AVENUE MIAMI FL 33172-2746 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/07/1990	3a. Date of Last Report 02/21/1996
4. FEI Number 65-0220883	Applied For Not Applicable
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIGERMAN, DELAYNE
% ADLER FIRST COMMERCIAL REALTY
1400 NW 107TH AVENUE
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name **LINDA K. ADLER**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o ADLER GROUP, INC.
83 **1400 NW 107 Ave.**
84 City **MIAMI** FL 85 Zip Code **33172**

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 *Linda Adler* **LINDA K. ADLER, D/VP** DATE **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SOMON, JOANN	
STREET ADDRESS	8181 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SIGERMAN, DELAYNE	
STREET ADDRESS	1400 NW 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PASTROFF, NANCY	
STREET ADDRESS	10300 SUNSET DRIVE SUITE 135	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CARTER-WILSON, LYNN	
STREET ADDRESS	8780 NW 18TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADLER, LINDA	
STREET ADDRESS	1401 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	JOY MCKENNA	
STREET ADDRESS	104 CRADON BLVD STE 300	
CITY-ST-ZIP	KEY BISCAYNE FL 33049	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/P PARKER, DIA
2.3 STREET ADDRESS	610 Cordina Bush Klein UNCOR International
2.4 CITY-ST-ZIP	2 Alhambra Plaza PH II Coral Gables, FL 33134
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D/VP ADLER, LINDA
5.3 STREET ADDRESS	1400 NW 107 AVE.
5.4 CITY-ST-ZIP	MIAMI, FL 33172
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Adler* DATE: **4/30/97** 305-392-4050

CR2E037 (9/96)