

FILE NOW: FILING FEE IS \$61.25

FILED  
Sep 18 1997 8:00am  
Secretary of State

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                |                                                                                                                                                                           | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>DOCUMENT #</b> 1V94000001771<br>1. Corporation Name<br><b>SUNBEAM COMMUNITY DEVELOPMENT CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                 |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Principal Place of Business<br><b>3510 BISCAYNE BLVD., SUITE 200</b><br><b>MIAMI, FLORIDA 33137</b>                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                 | Mailing Address<br><b>3510 BISCAYNE BLVD., SUITE 200</b><br><b>MIAMI, FLORIDA 33137</b>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                      |  | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |                                                                                                                                                                           | <b>3. Date Incorporated or Qualified</b> 4/11/97<br><b>3a. Date of Last Report</b> 1/8/97<br><b>4. FEI Number</b> 65-0514712<br><b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br><b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br><b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>9. Name and Address of Current Registered Agent</b><br><b>ANVAR B. MOGHADDAM</b><br><b>11330 S.W. 115TH TERRACE</b><br><b>MIAMI, FLORIDA 33176</b>                                                                                                                                                                                                                                                                                                           |  |                                                                                                 | <b>10. Name and Address of New Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                 |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                 | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TITLE P/D<br>NAME <b>ANVAR B. MOGHADDAM</b><br>STREET ADDRESS <b>11330 S.W. 115TH TERRACE</b><br>CITY-ST-ZIP <b>MIAMI, FL 33176</b>                                                                                                                                                                                                                                                                                                                             |  |                                                                                                 | 1.1 TITLE<br>1.2 NAME <b>MANAGEING DIRECTOR</b><br>1.3 STREET ADDRESS <b>ANDREA ALLEN</b><br>1.4 CITY-ST-ZIP <b>144 SAN REMO BLVD., 33068</b><br><b>N. LAUDERDALE, FL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TITLE C<br>NAME <b>MARY D. DIXON/D</b><br>STREET ADDRESS <b>1321 N.W. 103 RD ST. #207</b><br>CITY-ST-ZIP <b>MIAMI, FL 33147</b>                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                 | 2.1 TITLE<br>2.2 NAME <b>MANAGING DIRECTOR</b><br>2.3 STREET ADDRESS <b>AUDRY BROWN</b><br>2.4 CITY-ST-ZIP <b>6250 N.W. 19TH ST</b><br><b>SUNRISE, FL 33313</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TITLE V<br>NAME <b>MOHSEN KHATIBI</b><br>STREET ADDRESS <b>1050-95 BAY HARBOUR ISLE</b><br>CITY-ST-ZIP <b>MIAMI, FL 33158</b>                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                 | 3.1 TITLE<br>3.2 NAME <b>PATRICK WRIGHT -MANAGING DIRECTOR</b><br>3.3 STREET ADDRESS <b>2757 N.W. 92ND AVE</b><br>3.4 CITY-ST-ZIP <b>CORAL SPRINGS, FL 33065</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TITLE V<br>NAME <b>MORA M. RILO V/D</b><br>STREET ADDRESS <b>3510 BISCAYNE BLVD., STE 200</b><br>CITY-ST-ZIP <b>MIAMI, FL 33137</b>                                                                                                                                                                                                                                                                                                                             |  |                                                                                                 | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TITLE V<br>NAME <b>ADEL BASHIRI</b><br>STREET ADDRESS <b>3510 BISCAYNE BLVD., STE 200</b><br>CITY-ST-ZIP <b>MIAMI, FL 33137</b>                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                 | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TITLE<br>NAME <b>SENIOR VICE-PRESIDENT</b><br>STREET ADDRESS <b>BEHNAM BASHIRI</b><br>CITY-ST-ZIP <b>11330 S.W. 115TH TERRACE</b><br><b>MIAMI, FL 33176</b>                                                                                                                                                                                                                                                                                                     |  |                                                                                                 | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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:** \_\_\_\_\_ **8/27/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)