SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

SIGNATURE:

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Oct 07 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # N96000002092 (2) SOUTH DADE PROPERTY RIGHTS ASSOCIATION, INC. Principal Place of Business Malling Address 48 NE 15TH STREET SECOND FLOOR 48 NE 15TH STREET SECOND FLOOR 3. Date incorporated or Qualified HOMESTEAD FL 33030 HOMESTEAD FL 33030 04/17/1996 4. FEI Number Applied For 45-0764742 APPLIED FOR Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State association? 7. Is this nonprofit corporation a homeowner No 23 ___Yes 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 30 Personal Property Tax due June 30. __ Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LYNN, JOHN M 82 Street Address (P.O. Box Number Is Not Acceptable) 48 NE 15TH STREET SECOND FLOOR 83 HOMESTEAD FL 33030 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (2/38)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change X Addition DELETE Peters, Lewis H. 1200 N.W. 4 St NAME VIÇK, WALTER 1.2 NAME 10311 SW 199TH ST 13 STREET ADDRESS STREET ADORES: <u>MIAMI FL 33157</u> 1.4 CITY-ST-ZIP Homestead, FC CITY-ST-ZIP TIT) F 21 TITLE DELETE Change Addition NAME ARANGO, ARMANDO A DR. 2.2 NAME POST OFFICE BOX 490719 N/A STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 33149 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME WILLIAMS, WEBSTER 3.2 NAME STREET ADDRES 28105 SW 157TH AVENUE 3.3 STREET ADDRESS CITY-ST-ZIP **HOMESTEAD FL 33033** 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change ___ Addition NAME SIMKINS, PAUL 4.2 NAME 12171 MOODY DRIVE STREET ADDRESS 4.3 STREET ADDRESS HOMESTEAD FL 33030 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change NAME T**or**cise, Steve 52 NAME 15900 SW 408 Strut STREET ADDRES POST OFFICE BOX 3004 5.3 STREET ADDRESS 7 33034 CITY-ST-ZIP FLORIDA CITY FL 33034 5.4 CITY-ST-ZIP TITLE DELETE B.1 TITLE Change Addition NAME SPRINKLE, GEORGE JR. 6.2 NAME 16970 SW 264TH ST 6.3 STREET ADDRESS HOMESTEAD FL 33030 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 approaches true 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.

ewis H. Peters, Treasurer