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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

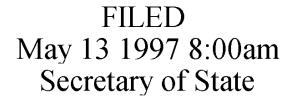
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000004851 (1) FLORIDA INCOME FUND VIII, INC.

Principal Place of Business

Mailing Address



& Stein Such 4/10/91 305 4/2 1307

3250 MARY ST SUITE 308 MIAMI FL 3313		3250 MARY ST Suite 306 Miami Fl 33133-5232						
	_				3. Date Incorporated or Qualified 11/16/1992	3a. Date of Las 06/25/199		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0368914		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23	е	City & State	<u> </u>		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Z p	Country		8. This corporation has liability for it	ty for intangible tax under s. 199.032,		
24	25	29	30	Florida Statutes Yes No				
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	Jistered Agent	,	
3250	INFURTH, PAUL C 0 Mary St Te 306		8:		dress (P.O. Box Number is Not Acceptab	le)		
	MI FL 33133		8:	3			***************************************	
			B	4 City		FL 85 2	7ip Code	
office or reagent. I as	registered agent, or both, in the State registered agent, or both, in the State rm tamiliar with, and accept the obligation Signature, typed or printed name of registered age.	of Florida. Such change was ations of, Section 607.0505, F	authorized t lorida Statut	by the corpora	rooration submits this statement for the pration's board of directors. I hereby acceptions when reinstating	orpose of changing the appointment	ig its registered as registered	
12.	OFFICERS AND		13.	9	ADDITIONS/CHANGES TO OFFIC		FORS IN 12	
TITLE	PO	DELETE	1.1 TITLE		Nobitiona, of invided to of the	Chan		
NAME	STEINFURTH, PAUL C		1.2 NAME					
STREET ADDRESS	3250 MARY STREET SUITE 30	6	1	EL ADORESS			,	
CITY-ST-ZIP	MIAMI FL 33133		1.4 City					
TITLE		DELETE	2.1 1111.6	<u> </u>		Chan	ge Addition	
NAME			2.2 NAMI				· —	
STREET ADDRESS			2.3 S18F	E1 ADDRESS		·		
CITY-ST-ZIP			2 4 CiTY					
TITLE		DELETE	3 1 THLE			Chan	ige Addition	
NAME [3 2 NAMI					
STREET ADDRESS				E1 ADORESS				
CITY-ST-ZIP	}		3.4. CITY	- }				
TITLE		DELETE	4 1 TITLE			Chan	ge Addition	
NAME			4. 2 NAM	E I				
STREET ADDRESS				ET ADURESS			i	
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5 1 THTLE			Chan	ge Addition	
NAME			52 NAMI					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CHY					
TITLE		DELETE	6.1 TITLE			Chan	nge Addition	
NAME			6.2 NAMI	(
STREET ADDRESS				ET ADDRESS				
j				}				
CITY-ST-ZIP	by Certify that the information supplies	with this filing does not gua	6.4 City		ed in Section 119.07(3)(i), Florida Statutes	s. I further certify t	hat the	
Informatio	on Indicated on this annual report or s	upplomental annual report is	true and ac-	curate and tha	at my signature shall have the same loga ort as required by Chapter 607, Florida S	Leffect as if made	under oath: that	