

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # P92000006264 (5)**

1. Corporation Name  
**ADLER PROPERTIES, INC.**



Principal Place of Business: **8181 NW 14TH ST MIAMI FL 33126-1899**  
Mailing Address: **8181 NW 14TH ST MIAMI FL 33126-1899**

3. Date Incorporated or Qualified: **11/20/1992**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business  
21 **1400 N.W. 107 Ave.**  
Suite, Apt. #, etc.  
22 **5th Floor**  
City & State  
23 **Miami, Fl.**  
Zip  
24 **33172**  
Country  
25  
2a. Mailing Address  
26 **1400 N.W. 107 Ave.**  
Suite, Apt. #, etc.  
27 **5th Floor**  
City & State  
28 **Miami, Fl.**  
Zip  
29 **33172**  
Country  
30

4. FEI Number: **65-0377665**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**LEVY, JOEL**  
**8181 NW 14TH ST**  
**MIAMI FL 33126-1189**

10. Name and Address of New Registered Agent

81 Name: **Same**  
82 Street Address (P.O. Box Number is Not Acceptable): **1400 N.W. 107 Ave. 5th Floor**  
83  
84 City: **Miami** FL 85 Zip Code: **33172**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the person making the change and the individual

Signature of Registered Agent and the individual

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>DPST</b>	
NAME	<b>ADLER, MICHAEL M</b>	
STREET ADDRESS	<b>8181 NW 14TH STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVY, JOEL</b>	
STREET ADDRESS	<b>8181 NW 14TH ST</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME	<b>1400 N.W. 107 AVE. 5th floor</b>		
13 STREET ADDRESS	<b>MIAMI, FL. 33172</b>		
14 CITY - ST - ZIP			
21 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME	<b>1400 N.W. 107 AVE. 5th floor</b>		
23 STREET ADDRESS	<b>MIAMI, FL. 33172</b>		
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME	<b>800001810088</b>		
53 STREET ADDRESS	<b>-05/06/96--01106--025</b>		
54 CITY - ST - ZIP	<b>***200.00</b>		
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier's 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. Levy*

4/30/96

(305) 392-4010

CR2E034 (12/95)

5-1-96  
or