

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

APPROVED
AND
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1997 NOV -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 910-1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000013221 (6) 1. Corporation Name DISCAYNE REAL ESTATE, INC.			
Principal Place of Business 1111 KANE CONCOURSE STE 400 BAY HARBOR ISLANDS, FL 33154		Mailing Address 1111 KANE CONCOURSE STE 400 BAY HARBOR ISLANDS, FL 33154	
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	
9. Name and Address of Current Registered Agent NEMETH, GABRIEL P. 1111 KANE CONCOURSE STE 400 BAY HARBOR ISLANDS, FL 33154		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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] DATE: 11/04/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: SCHORER, FREDA STREET ADDRESS: 1111 KANE CONCOURSE STE 400 CITY-ST-ZIP: BAY HARBOR ISLANDS, FL 33154		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE: S NAME: SCHORER, JOSEFF STREET ADDRESS: 1111 KANE CONCOURSE STE 400 CITY-ST-ZIP: BAY HARBOR ISLANDS, FL 33154		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

REINSTATEMENT

800002341858-7
-11/07/97--01095--002
*****915.00 *****915.00

800002341858-7
-11/07/97--01095--003
*****8.75 *****8.75

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 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]

11/05/97 (805) 232-7777