

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000002702 (7)**

1. Corporation Name

**MICHELE DEVELOPMENT, INC.**

Principal Place of Business

**81 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**

Mailing Address

**81 WASHINGTON AVENUE  
MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>927 LINCOLN ROAD</b>	26	<b>927 LINCOLN ROAD</b>	<b>01/13/1993</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	<b>200</b>	27	<b>200</b>	<b>65-0384534</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	<b>MIAMI BEACH, FL</b>	28	<b>MIAMI BEACH, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	<b>33139</b>	29	<b>33139</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	<b>U.S.A.</b>	30	<b>U.S.A.</b>		

9. Name and Address of Current Registered Agent

**HERZFELD & RUBIN  
801 BRICKELL AVENUE SUITE 1501  
MIAMI FL 33131**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	<b>D</b>	<input type="checkbox"/> DELETE
	NAME	<b>DIEL, MICHELE P</b>	
	STREET ADDRESS	<b>81 WASHINGTON AVENUE</b>	
	CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
	TITLE	<b>D</b>	<input type="checkbox"/> DELETE
	NAME	<b>DIEL, PETER</b>	
	STREET ADDRESS	<b>81 WASHINGTON AVENUE</b>	
	CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</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	
1.1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	<b>927 LINCOLN ROAD, SUITE 200</b>
1.4	CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
2.1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	<b>927 LINCOLN ROAD, SUITE 200</b>
2.4	CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
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 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: **PETER D. DIEL**

*Peter D. Diel* 3/12/98 (305) 674-7200

CR2E034 (10/97)