


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

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Apr 29 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000021491 (4)**  
 Corporation Name  
**HARDING POINT APARTMENTS, INC.**



<b>Principal Place of Business</b> 18409 W. DIXIE HWY *ROSENTHAL, ROSENTHAL & RASCO N. MIAMI BEACH FL 33160 US	<b>Mailing Address</b> 18409 W DIXIE HWY N MIAMI BCH FL 33160 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 18820 W. DIXIE HWY Suite, Apt. #, etc. 22 / City & State 23 N. MIAMI BCH FLA. Zip 24 33180 Country 25 DADE	<b>2a. Mailing Address</b> 26 18820 W. DIXIE HWY Suite, Apt. #, etc. 27 / City & State 28 N. MIAMI BCH FL. Zip 29 33180 Country 30 DADE
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<b>3. Date Incorporated or Qualified</b> 03/18/1993	<b>4. FEI Number</b> 65-0398011	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> ATTAS, SHLOMO 18409 W. DIXIE HWY N. MIAMI BEACH FL 33160	<b>10. Name and Address of New Registered Agent</b> 81 Name ATTAS SHLOMO 82 Street Address (P.O. Box Number is Not Acceptable) 83 18820 W. DIXIE HWY 84 City N. MIAMI BCH FL 85 Zip Code 33180
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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

12. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> DELETE ATTAS, SHLOMO 18409 W DIXIE HWY N MIAMI BCH FL
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> DELETE KADURI, ARIE 18409 W DIXIE HWY NORTH MIAMI BEACH FL
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ACHIAZ OZ 18820 W. DIXIE HWY N. MIAMI BCH FL 33180
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LILY ATTAS 18820 W. DIXIE HWY N. MIAMI BCH FL 33180
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Shlo* *Arie* *PM* 4/28/98 305 932-2180

CR2E034 (10/97)