

FILED

May 28 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Brenda B. Merrill
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026022
1. Corporation Name
NEW MIAMI PROPS, INC.

Principal Place of Business
**11412 NE 8TH AVE.
BISCAYNE PARK FL 33161**

Mailing Address
**11412 NE 8TH AVE.
BISCAYNE PARK, FL 33161**

2. Principal Place of Business
**11412 NE 8TH AVE.
BISCAYNE PARK FL
33161 U.S.A.**

2a. Mailing Address
**11412 NE 8TH AVE.
BISCAYNE PARK FL
33161 U.S.A.**

3. Date Incorporated or Qualified
4/18/1993

3a. Date of Last Report
1996

4. FIC Number
65-0407071

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing/Trial 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
**WILLIAM PIERCE
11412 NE 8TH AVE.
BISCAYNE PARK FL 33161**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1006, Florida Statutes, this newly formed corporation submits the 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 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 TITLE PJT	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME WILLIAM PIERCE	<input type="checkbox"/> DELETE	13.2 NAME	
12.3 STREET ADDRESS 11412 NE 8TH AVE.	<input type="checkbox"/> DELETE	13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP BISCAYNE PARK, FL 33161	<input type="checkbox"/> DELETE	13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<input type="checkbox"/> DELETE	13.6 NAME	
12.7 STREET ADDRESS	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	<input type="checkbox"/> DELETE	13.10 NAME	
12.11 STREET ADDRESS	<input type="checkbox"/> DELETE	13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.12 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	<input type="checkbox"/> DELETE	13.14 NAME	
12.15 STREET ADDRESS	<input type="checkbox"/> DELETE	13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.16 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 TITLE	<input type="checkbox"/> DELETE	13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	<input type="checkbox"/> DELETE	13.18 NAME	
12.19 STREET ADDRESS	<input type="checkbox"/> DELETE	13.19 STREET ADDRESS	
12.20 CITY-ST-ZIP	<input type="checkbox"/> DELETE	13.20 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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: *William R. Pierce* DATE: **4-8-97**

William R. Pierce