8-18-97 B-8191 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # P93000026164 (2)

1. Corporation Name
PROPERTY OWNERS OF BRIARWOOD INC.

Principal Place of Business	Mailing Address
C/O DAVID M. ADERMAN 19600 N.E. 23 AVE. NORTH MIAMI BEACH 33 33180 US	C/O PAUL BERLIN 12901 S.W. 15 CT. #V212 PEMBROKE PINES 33 33026 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/05/1993	08/05/1996

4. FEI Number	Applied For
65-0391715	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

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

City & State	City & State
23	28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24	25	29	30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERLIN, PAUL 12901 S.W. 15 CT. APT V-212 PEMBROKE PINES FL 33026	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 607.0502 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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **SD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **BERLIN, SOPHIE**		1.2 NAME		
STREET ADDRESS **12901 SW 15 CT #V212**		1.3 STREET ADDRESS		
CITY-ST-ZIP **PEMBROKE PINES FL**		1.4 CITY-ST-ZIP		
TITLE **PD**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **BERLIN, PAUL**		2.2 NAME		
STREET ADDRESS **12901 S.W. 15TH CT., #V212**		2.3 STREET ADDRESS		
CITY-ST-ZIP **PEMBROKE PINES FL 33026**		2.4 CITY-ST-ZIP		
TITLE **TD**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME **ADELMAN, DAVID DR.**		3.2 NAME		
STREET ADDRESS **16680 N.E. 10TH AVE.**		3.3 STREET ADDRESS		
CITY-ST-ZIP **NORTH MIAMI BEACH FL**		3.4 CITY-ST-ZIP		
TITLE **VPD**	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME **MENDELS, MICHAEL**		4.2 NAME		
STREET ADDRESS **P.O. BOX 770245 N/A**		4.3 STREET ADDRESS		
CITY-ST-ZIP **CORAL SPRINGS FL**		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (4/97)

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.

8/11/97 (305) 9441110