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PROFIT CORPORATION **ANNUAL REPORT**

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000030248 (7)

TOWNE COMPANIES I. INC.

Principal Place of Business Mailing Address 7975 N.W. 154TH ST. 7975 N.W. 154TH ST. BUITE 400 SUITE 400 MIAMI FL 33016 MIAMI FL 33016-5849 3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1993 11/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0406108 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAPLAN, ABBEY 81 Name 1970 MIAMI CENTER 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. MIAMI FL 33131 83 84 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's greature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. DELETE Change **TITLE** 1.1 TITLE ___ Addition CARDOSO, SILVIO NAME 1.2 NAME 7975 N.W. 154TH ST., S-400 STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 THILE Change Addition 3.2 NAME STREET ADDRESS 3 \$ STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

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

6.3 STREET ADDRESS 64 CITY - ST - ZIP

FILED

May 06 1997 8:00am

Secretary of State