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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 20 1997 8:00am

Secretary of State

DOCUMENT # P93000049429 (2)

MF PROPERTIES, INC.

Principal Piece of Business 100 N BISCAYNE BLYD BUITE 801 MIAMI FL 33132		SUITE 601 Miami FL 33132-2344	100 NORTH BISCAYNE BLVD Suite 601 Miami Fl 33132-2344				
U8		US			 Date Incorporated or Qualified 07/08/1993 	3a. Date of Last F 08/02/1996	Report
2. Principal Place of Business 21		2a. Mailing Address 26			4. F£I Number 65-0436856	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be	
Zip			Country		Trust Fund Contribution		
271	9. Name and Address of Curi		1301		10, Name and Address of New Reg		
BAAC			81	Name	IV. Haine and Audress of New Rec	tioraian wilaiir	
MARTIN, GREGORY 100 N BISCAYNE BLVD			82		ess (P.O. Box Number is Not Acceptab	o)	
SUITE 601			L			•	İ
MIAI	MI FL 33132		83				
			84	City		FL 85 Zip	Code
11Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stem familiar with, and accept the ob-				poration submits this statement for the pitch is board of directors. I hereby accepted with messaling	urpose of changing it tithe appointment as	ls registered registered
12.	OFFICERS /	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTOR	RS IN 12
TITLE	STD	DELFTE	117011			Change	Addition
NAME	MARTIN, GREGORY A		1.2 NAME				
STREET ADDRESS	5811 N. BAYSHORE DR.		1.3 STREE1 /	UDBESS			
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY - ST				
TITLE			2.1 TITLE	- 211		Change	Addition
NAME	Martin, Hazel	•	2.2 NAME			опандо	
STREET ADDRESS	530 N.E. 52ND TER.		2.3 STREET /	LYDDLCC			}
CITY-ST-ZIP	MIAMI FL 33137	•					1
TITLE	V	DELETE	2. 4 CITY - ST 3.1 TUTLE	·ZIP		☐ Change	Addition
NAME	MARTIN, KIMBERLY		3.2 NAME			onange	Addition
STREET ADDRESS	5811 N. BAYSHORE DR.		33 STREET A	DOBESS			
CITY-ST-ZIP	MIAMI FL 33137		34 CITY-\$1	ĺ			
TITLE		DELETE	4 1 111LF			Change	Addition
NAME			4 2 NAME		40000219	+	
STREET ADDRESS			4 3 STREET A	DDRESS	40000219 -06/03/970104	4nin	
CITY-ST-ZIP			4.4 CHY-S1		***495.00	1 010	,
TITLE		☐ DELETE	5 1 lifL€	***	130100	Change	Addition
NAME			5.2 NAME			/// _/	7
STREET ADDRESS			5.3 STREET A	DDRESS		ZID SI	12/27
CITY-ST-ZIP			5.4 CITY - ST			11/72	417
TITLE		DELETE	G 1 TITLE	.::-		Change	Addition
NAME		<u>-</u>	G.2 NAME				
STREET ADDRESS			6.3 STREET A	DUBLESS		•	
and the second			0.3 SINEEL A	DUME 00			1

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 logal effect as if made under oath; that I am an officer or director of the proportion 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 15 if officer, or on an attachment with an address.