

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

\$158.25

020012

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR -8 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	11/05/1993
4. FEI Number	65-0486092
5. Certificate of Status Desired	<input checked="" type="checkbox"/> X
6. Election Campaign Financing	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent	
10. Name and Address of New Registered Agent	

1. Corporation Name	INTER-INVEST PROPERTIES, INC.
2. Principal Place of Business	2a. Mailing Address
21 2318 N. BAY ROAD	26 2318 N. BAY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 MIAMI BEACH FL	28 MIAMI BEACH FL
Zip	Zip
24 33140	29 33140
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent	81 Name
KURTEN, LEONHARD	82 Street Address (P.O. Box Number is Not Acceptable)
2318 NORTH BAY ROAD	83
MIAMI BEACH FL 33140	84 City
	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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	PVTD
NAME	KURTEN, LEONHARD	12 NAME	
STREET ADDRESS	2318 NORTH BAY ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	
NAME	HRUSCHKA, JORG	22 NAME	
STREET ADDRESS	1555 NW 84 AVE	23 STREET ADDRESS	2318 N. BAY ROAD
CITY-ST-ZIP	ORLANDO FL 32807	24 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 (305) 673-8283

CR2E034 (11/98)