

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000078987			
1. Corporation Name INTER INVEST PROPERTIES INC			
Principal Place of Business 2318 N. BAY ROAD MIAMI BEACH, FL 33140		Mailing Address SAME	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
3. Name and Address of Current Registered Agent		4. Name and Address of New Registered Agent	
KURTEN, LEONHARD 2318 N. BAY ROAD MIAMI BEACH, FL 33140		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 607.1608, 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	
11 TITLE NAME STREET ADDRESS CITY - ST - ZIP PSTD KURTEN, LEONHARD 2318 N. BAY ROAD MIAMI BEACH, FL 33140		11 TITLE NAME STREET ADDRESS CITY - ST - ZIP PSTD KURTEN, LEONHARD 2318 N. BAY ROAD MIAMI BEACH, FL 33140	
11 TITLE NAME STREET ADDRESS CITY - ST - ZIP S HRUSCHKA, JORG 2318 N. BAY ROAD MIAMI BEACH, FL 33140		11 TITLE NAME STREET ADDRESS CITY - ST - ZIP S KURTEN, LEONIE 2318 N. BAY ROAD MIAMI BEACH, FL 33140	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE: Leonhard Kurten LEONHARD KURTEN 2/16/99 305-673-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #