

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

REPUBLICAN
 WFLA-TV NEWS 10
 1995



FLORIDA DEPARTMENT OF STATE
 Governor's Mansion
 Tallahassee, Florida
 32399-0001

**APPROVED
 AND
 FILED**

DOCUMENT # P94000017716 (9)

53 MAY 10 AM 10:35

CF PROPERTIES CORP.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1401 BRICKELL AVE
 SUITE 530
 MIAMI FL 33131

1401 BRICKELL AVE.
 SUITE 530
 MIAMI FL 33131

DATE OF FILING (SEE INSTRUCTIONS)

3. Date of Incorporation (or Organization)	3a. Date of Last Report
03/07/1994	
4. FIC Number	Request For
65-0486651	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
First Fund Contribution	<input type="checkbox"/>
7. The corporation has liability for intangible tax under S. 199.042, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Name of Corporation (or Organization)	2a. Mailing Address
21. CF PROPERTIES CORP.	26. 1401 BRICKELL AVE. SUITE 530 MIAMI FL 33131
22. State of Incorporation	27. State of Mailing Address
23. City and State	28. City and State
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRIEDMAN, MICHAEL D 1401 BRICKELL AVE. SUITE 530 MIAMI FL 33131		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	
		85. State	
		FL	

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(1), 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 607.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
1. NAME	D COHEN, S. JAMES 1401 BRICKELL AVE., STE. 530 MIAMI FL 33131	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	D FRIEDMAN, MICHAEL D 1401 BRICKELL AVE., STE. 530 MIAMI FL 33131	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 199.042, Florida Statutes. I further certify that the information indicated on the annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the holder of a franchise agreement for which this report is required by a chapter of Florida Statutes, and that my name appears in the filing of a change of name or change of address.

SIGNATURE: *Michael D. Friedman*
 MICHAEL DEAN FRIEDMAN

5/4/95 305 372-9800