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

DOCUMENT # P94000020161 (3)

ST PROPERTIES CORP.

Principal Place of Business Mailing Address % OPPENHEIM & ASSOCIATES % OPPENHEIM & ASSOCIATES 3191 CORAL WAY.. SUITE 600 3191 CORAL WAY., SUITE 800 MIAMI FL 33145-3218 MIAMI FL 33145 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1994 08/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0494588 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zio Country Zipi 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 OPPENHEIM, STEVEN P ESQ. Name 3191 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 800 **MIAMI FL 33145** 83 84 City Zip Code 85 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 punited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DPT DELETE Change Addition TITLE 1 1 TITEE COMOLETTO, SERGIO CAMOLETTO NAMI 1.2 NAME CR2E034 3191 CORAL WAY., SUITE 800 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** 1.4 CiTY-ST-ZIP City - \$1 - ZiP D۷ DELETE Change Addition 2 1 1ITLE TIFLE RIVA. ROBERTO NAME 22 NAME 3191 CORAL WAY., SUITE 800 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** 2. 4 CITY-ST-ZIP CITY ST-ZIE DELETE Change Addition THE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIF DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAMi 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST- ZIP

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 information indicated on this annual report of 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 efficer or director of the corporation of the regoiver 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 chapted, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

RIVA

305-447-

FILED

May 19 1997 8:00am

Secretary of State

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