


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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000053501 (0)**

1. Corporation Name  
**DUVAL APARTMENTS, INC.**



Principal Place of Business <del>1536 71ST STREET</del> <i>New Address</i> MIAMI BEACH FL 33141 <b>2213 Calais Dr #4</b>	Mailing Address <del>1536 71ST STREET</del> <i>NEW ADDRESS</i> MIAMI BEACH FL 33141 <b>2213 Calais Dr #4</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/18/1994</b>	
21	26	4. FEI Number <b>65-0506768</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHNEIDER, KARL H <del>1536 71ST STREET</del> <i>2213 Calais Dr. #4</i> MIAMI BEACH FL 33141				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 *Karl H. Schneider* (NOTE: Registered Agent signature required when reinstating) DATE **Jan-14-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHNEIDER, KARL HEINZ		1.2 NAME				
STREET ADDRESS	1536 71ST STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LANDAU, JOERG GERHART		2.2 NAME				
STREET ADDRESS	1536 71ST STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP				
TITLE	PS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHNEIDER, KARL HEINZ		3.2 NAME				
STREET ADDRESS	2213 Calais Dr. #4		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LANDAU, GERHARD		4.2 NAME				
STREET ADDRESS	2213 Calais Dr. #4		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33141		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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.

SIGNATURE: *Karl H. Schneider* **REQUIRE SCHNEIDER** **Jan-14-98 (305) 864-6244**

CR2E034 (10/97)