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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000056418 (4)

JEFFERSON TOWNHOMES II, INC.

Principal Place of Business Mailing Address 4315 PRAIRIE AVENUE 4315 PRAIRIE AVENUE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-3014 3. Date Incorporated or Qualified 3a. Date of Last Report 07/29/1994 01/23/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0499316 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zψ 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes ☐ Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FILINGS INC. 3732 N.W. 16TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33311 83 84 85 MIAMI e above-named corporation submits this statement for the purpose of changing its registered rized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the p office or register agent. I am favi SIGNATURE istereo Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6)12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change DEUTSCH, ANNIE B NAME 1.2 NAME 4315 PRAIRIE AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY - ST - 7(P 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ___ Addition BURSTYN, JEREMIAH NAME 2.2 NAME 4315 PRAIRIE AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 61 TIBLE Change Addition 6.2 NAME STREET ADDRESS 6 3 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 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 componation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name