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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1998	DIVISION OF	CORPOR	ATIONS		_ /3 0000
	MENT # P9400 us properties, inc.	0057668 (3)		L ITEHERI III ITAN BIBN BENK BENK BANI BANI RAKER	111 1222 ANN BANK MAKADA
Principal Plan	s of Dusiness	Mailion Address				
Principal Place of Business Mailing Address						
730 CORAL WAY 730 CORAL WAY APT. 201 APT. 201						
CORAL GABLES FL 33134, CORAL GABLES FL 33134			1134		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 08/04/1994	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-05 16236	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	"¬		5. Certificate of Status Desired	\$8.75 Additional
City & State		Cdv P State	City & State			Fee Required
23	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country			ıntry	8. This corporation owes or has paid the co	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent
	BE, NANCY			81 Name		1
730 CORAL WAY				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
APT. 201				83		
CO	PRAL GABLES FL 33134			63		
				84 City	F	65 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the a	bove-named cor		
office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change wa gations of, Section 607.0505,	is authorize Florida Sta	d by the corpora tutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ar	pointment as registered
SIGNATURE	Signature typod or proted name of registered as	pent and title if applicable (N	OTE Registere	d Agent signature requ	uired when reinstaling) DATE	_e
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELE1E	1.1 T	TLE		☐ Change ☐ Addition
NAME	BABE, NANCY		1.2 N	1		Į į
STREET ADDRESS	730 CORAL WAY APT. 201		1 1	TREET ADDRESS] }
CITY-ST-ZIP TITLE	CORAL GABLES FL 33134	DELETE	1.4 C	ITY-ST-ZIP		Change Addition
NAME			2.2 N	ſ		Commo Commo
STREET ADORESS				TREET ADDRESS		1
CITY-ST-ZIP			2 4 0	CITY-ST-ZIP		
TITLE		DELETE	3.1 T			Change Addition
NAME			3.2 N	1		
STREET ADDRESS			1	TREET ADDRESS		\
CITY-ST-ZIP		DELETE		CITY-ST-ZIP		Change Addition
TITLE NAME			4.1 1	IAME		C CHANGE C MOUNTON
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		İ
TITLE		DELETE	5.1 T			☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET ADDRESS		}
CITY-ST-ZIP	<u> </u>			ITY-ST-ZIP		0.00
TITLE		☐ DEFETE	6.1 T	····		Change Addition
NAME			62 N	AME Treet address		j
STREET ADDRESS				ITY-ST-ZIP		
14. I hereby o	L	with this filing does not availd			n Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicatéd officer or	on this annual report or supplement director of the corporation or the re-	ital armual report is true and a ceiver or trustee emnowment	accurate an	d that my signat this report as re-	n Section 119.07(3)(i), Florida Statutes. I further dure shall have the same legal effect as if made in quired by Chapter 607, Florida Statutes; and that	under oath; that I am an I trivy name appears in