


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

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|--|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P94000087109 | | | | | |
| 1. Corporation Name DEEDCO RIVER OAKS, INC. | | | | | |
| Principal Place of Business C/O DADE EMPLOYMENT AND ECONOMIC DEVELOPME 141 NE 3 AVE SUITE 500 MIAMI FL 33132 | | | Mailing Address C/O DADE EMPLOYMENT AND ECONOMIC DEVELOPME 141 NE 3 AVE SUITE 500 MIAMI FL 33132 | | |

APPROVAL
FILE
09 JUN -2 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 12/01/1994 | |
| | | | | 4. FEI Number 65-0665102 | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent WOLFE, LEON J C/O BERMAN WOLFE & RENNERT, P.A. 100 SE 2ND ST 38TH FLOOR MIAMI FL 33131-2130 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| | | | | | | | |
|----------------------------|---------------------------|--|--|---|------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 11 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUTLER, BERNICE | | | 12 NAME | JACKSON, ARTHUR | | |
| STREET ADDRESS | 141 NE 3 AVE SUITE 500 | | | 13 STREET ADDRESS | 141 NE 3 Ave Suite 500 | | |
| CITY-ST-ZIP | MIAMI FL 33132 | | | 14 CITY-ST-ZIP | MIAMI, FL 33132 | | |
| TITLE | DT | <input type="checkbox"/> DELETE | | 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WNN, SUSAN | | | 22 NAME | | | |
| STREET ADDRESS | 1700 CONVENTION CTR DRIVE | | | 23 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | 24 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 31 TITLE | | | |
| NAME | WILLIAMS, LILLIE M | | | 32 NAME | | | |
| STREET ADDRESS | 1180 NW 50 STREET | | | 33 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | | 34 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 42 NAME | | | |
| STREET ADDRESS | | | | 43 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 44 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 52 NAME | | | |
| STREET ADDRESS | | | | 53 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 54 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 64 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, with all other like empowered.

SIGNATURE:

Arthur Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

Daytime Phone #

CR2E034 (11/98)