

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90205 038 \*\*\*150.00

01/99/20

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000006471**

1. Corporation Name:  
**DADE PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1449 N.W. 15TH ST.  
 MIAMI FL 33125

Mailing Address  
 1449 N.W. 15TH ST.  
 MIAMI FL 33125

3. Date Incorporated or Qualified  
**01/25/1995**

2. Principal Place of Business  
 21 **5184 MAJORCA CLUB DRIVE**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **5184 MAJORCA CLUB DRIVE**  
 Suite, Apt. #, etc.

4. FEI Number  
**65-0540718**

Applied For  
 Not Applicable

22  
 23 City & State  
**BOCA RATON, FLORIDA**

27  
 28 City & State  
**BOCA RATON, FLORIDA**

5. Certificate of Status Desired  **\$8.75 Additional - Fee Required**

6. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip  
**33486**

25 Country  
**U.S.A.**

29 Zip  
**33486**

30 Country  
**U.S.A.**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERG, MICHAEL L**  
 1449 N.W. 15 STREET  
 MIAMI FL 33125

81 Name **MICHAEL S. GOLDBERG**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5184 MAJORCA CLUB DRIVE**  
 83  
 84 City **BOCA RATON** FL 85 Zip Code **33486**

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 607.0508, Florida Statutes.

SIGNATURE *[Signature]*

**APRIL 13, 1999**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, RENEE</b>	
STREET ADDRESS	<b>1449 N.W. 15TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, MICHAEL</b>	
STREET ADDRESS	<b>1449 N.W. 15TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 13, 1999** 561-361-9384  
 Date Daytime Phone #

CR2E034 (11/98)