

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

FILED  
Apr 02 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
---	---	---

DOCUMENT # **P95000009672 (3)**

1. Corporation Name  
**TEN EIGHTY FIVE CORPORATION**

Principal Place of Business <b>1320 S. DIXIE HWY. SUITE 830 CORAL GABLES FL 33146</b>	Mailing Address <b>1320 S. DIXIE HWY. SUITE 830 CORAL GABLES FL 33146</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/06/1995</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0576975</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 2800 Ponce De Leon Blvd.</b> Suite, Apt. #, etc. <b>22 Suite 1125</b> City & State <b>23 Coral Gables, Florida</b> Zip <b>24 33134</b>	2a. Mailing Address <b>26 2800 Ponce De Leon Blvd.</b> Suite, Apt. #, etc. <b>27 Suite 1125</b> City & State <b>28 Coral Gables, Florida</b> Zip <b>29 33134</b> Country <b>25 USA</b>
--	---

9. Name and Address of Current Registered Agent

**BREIER, ROBERT G  
1320 S. DIXIE HWY.  
SUITE 830  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name <b>Robert G. Breier, Esq.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2800 Ponce De Leon Blvd., Suite 1125</b>
83
84 City <b>Coral Gables</b>
85 Zip Code <b>FL 33134</b>

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 of officer or principal of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/20/98**

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CHAPLIN, HARVEY R</b>	
STREET ADDRESS <b>1600 N.W. 163 ST.</b>	
CITY-ST-ZIP <b>MIAMI FL 33169</b>	
TITLE <b>PS</b>	<input type="checkbox"/> DELETE
NAME <b>SILVERSMITH, ARTHUR</b>	
STREET ADDRESS <b>1085 - 98 STREET - APT. 5</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLANDS 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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.

SIGNATURE:

**3/30/98 305864471**

CR2E034 (10/97)