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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010278 (6)

ISLAND PROPERTIES OF MIAMI BEACH, INC.					
Principal Place of Business Mailing Address					***************************************
1150 KANE CONCOURSE 1150 KANE CONCOURSE				* CORRECTED AND THE OF	sus.00 accepted
SUITE 401 BAY HARBOUR	EI 23154	SUITE 401 BAY HARBOUR FL 33154-2	OMAG	As per FDS AGENT	NICK BERTENOUS *
DAT THREEUON	TE 30134	DATE THIS DOOR TO SOLOTE	~ /	3. Date Incorporated or Qualified	3a. Date of Last Report
			(02/07/1995	03/06/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number WCONACT	Applied For
21		26		05-05530 <u>9</u> 9-	- I I I I I I I I I I I I I I I I I I I
Suite, Apt i	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	SB.75 Additional Fee Required
City & State		City & State		& Floring Compains Financia	
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25		30	Florida Statutes	☐ Yes ☐ No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
	GALA, LORENZO		81 Name		
1150 KANE CONCOURSE			62 Street Addr	ress (P.O. Box Number is Not Accepta	able)
SUITE 401			83		
BAY HARBOUR FL 33154			63		
			84 City		FL 85 Zip Code
11. Porsuant t	a the provisions of Sections 607 050:	2 and 607 1508. Florida Statute	es the above-named corr	poration submits this statement for the	purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporal	poration submits this statement for the tion's board of directors. I hereby acci	ept the appointment as registered
	mammar wiin, and accept the obliga	The strains of Section 1001.0305, Flo	ilida Statutes.		
SIGNATURE	Styriature, typied or printed name of registered age	nt and title if applicable (NOTE	: Registered Agent signature requi	red when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	DPVS	☐ DELETE	1.1 TITLE	•	L Change L Addition
NAME	FRAGALA, LORENZO		1.2 NAME		
STHEET ADDRESS	1150 KANE CONCOURSE SUITE 401		1.3 STREET ADDRESS	,	
CITY+SI-ZIP	BAY HARBOR FL 33154	D britat	1.4 CITY - ST - ZIP		Change Addition
THEF	FRAGALA, LORENZO	☐ DELETE	2.1 TITLE		Change L Addition
NAME	1150 KANE CONCOURSE SUI	TE 401	2.2 NAME		
STREET ADORESS	BAY HARBOR FL 33154	16 701	2.3 STREET ADDRESS	. :	F
COTY+S1+Z0F TOTUE	UNITEDITIE	☐ DELETE	2.4 CITY+ST-ZIP 3.1 TITLE		Change Addition
NAME		_ occirc	3.2 NAME		Fire a with Fire vanious
STREET ADORESS			3.3 STREET ADDRESS		
CITY-\$1-ZIP			3.4. CITY-ST-ZIP		1
TITLE		DELETE	4.1 TITLE		Change Addition
NAM:			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY ST ZIP			4.4 CITY-ST-ZIP		
1:TLE	11 TT 1	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZiP			54 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition

14.1 Ido 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 chapted, or on an attachment with an address.

62 NAME 63 STREET ADDRESS

SIGNATURE:

NAME

STHEET ACIDRESS

IATURE AND TYPES OF PRINTER NAME OF SIGNING OFFICER OF DIRECTOR

5.6.97

(305)867.1002

FILED

May 15 1997 8:00am

Secretary of State