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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038484 (8)

LAS OLAS NO. 1, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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ONE SE THIRD AVE 27TH FLOOR MIAMI FL 33131 82 Street Address (P.O. Box Numbor is Not Acceptable) 11. Fursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its registered algorit are mainlier with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered algorit are mainlier with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE DPS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AND DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DI			10. Name and Address of New Re	10. Name and Address of New Registered Agent			
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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 Rericha. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am termitian with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE S	Min W	M 1 E 33 13 1					
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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 it made under or a fam an officer or director of the corpy atten 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 granged or organ attachment with an address.

SIGNATURE:

PET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-627-5W

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