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

FILED
97 APR 23 AM 8:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000073674 (0)**

1. Corporation Name
AEP BROWARD, INC.

Principal Place of Business	Mailing Address
1 TURNBERRY PLACE. SUITE 600 19495 BISCAYNE BLVD. AVENTURA FL 33180	1 TURNBERRY PLACE. SUITE 600 19495 BISCAYNE BLVD. AVENTURA FL 33180-2318

3. Date Incorporated or Qualified: 09/22/1995
3a. Date of Last Report: 05/09/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0624620 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BATIEVSKY, HENRY 19495 BISCAYNE BLVD SUITE 600 150 WEST FLAGLER STREET AVENTURA FL 33180	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATIEVSKY, BERNARDO 19495 BISCAYNE BLVD., SUITE 600 AVENTURA FL 33180 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition [redacted] 100002152831 L9
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATIEVSKY, HENRY 19495 BISCAYNE BLVD., SUITE 600 AVENTURA FL 33180 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATIEVSKY, MARK 19495 BISCAYNE BLVD., SUITE 600 AVENTURA FL 33180 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition MWB

CR2E034 (9/96)

14. I do 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: Henry Batievsky, V.P. (305) 933-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 341625 105772A
AUTHORIZATION : Patricia Piggott
COST LIMIT : $ 175.00

ORDER DATE : April 23, 1997

ORDER TIME : 3:33 PM

ORDER NO. : 341625-005

CUSTOMER NO: 105772A

CUSTOMER: Ms. Claudia C. Andrade
American Equity Properties
Suite 600
19495 Biscayne Boulevard
Aventura, FL 33180

ANNUAL REPORT FILING

RECEIVED
97 APR 23 PM 4:05
DIVISION OF CORPORATION

NAME: AEP BROWARD, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susana Romagosa

EXAMINER'S INITIALS: MWB
4/23/97