

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000084249</b> 1. Corporation Name <b>PROPERTY ONE INC</b>			
Principal Place of Business <b>3475 W Flagler St Miami FL 33135</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <b>11-2-1995</b>		3a. Date of Last Report <b>96</b>	
4. FFL Number <b>65-0616306</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>VIÑAS, HECTOR R 3475 W Flagler St Miami FL 33135</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE 12.2 NAME <b>VIÑAS HECTOR R.</b> 12.3 STREET ADDRESS <b>3475 W FLAGLER ST</b> 12.4 CITY-ST-ZIP <b>MIAMI FL 33135</b>		13.1 TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.5 TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE 12.6 NAME <b>SCHIAFKE MARIA D</b> 12.7 STREET ADDRESS <b>3475 W. FLAGLER ST</b> 12.8 CITY-ST-ZIP <b>MIAMI FL 33135</b>		13.5 TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	
12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	
12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	
12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP	
12.21 TITLE <input type="checkbox"/> DELETE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP		13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP	
12.25 TITLE <input type="checkbox"/> DELETE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-ST-ZIP		13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP	
12.29 TITLE <input type="checkbox"/> DELETE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-ST-ZIP		13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP	
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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/15/97</b> Daytime Phone # <b>3056440500x29</b>	

CR2E034 (9/96)