

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 14 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000086210
1. Corporation Name

SPANISH TRAIL PROPERTIES, INC.

Principal Place of Business
**530 E. 76th Street
Suite 15
New York, NY 10021**

Mailing Address
**530 E. 76th Street
Suite 15
New York, NY 10021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/95

4. FEI Number 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 owes or has paid the current year (Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **110 E. 71st Street**
Suite, Apt. #, etc
22 **Suite 1-2**
City & State
23 **New York, NY**
Zip
24 **10021**

2a. Mailing Address

26 **110 E. 71st Street**
Suite, Apt. #, etc
27 **Suite 1-2**
City & State
28 **New York, NY**
Zip
29 **10021** Country
30 **USA**

9. Name and Address of Current Registered Agent

**David M. Layman, Esq.
Greenberg Traurig
777 S. Flagler Drive, #300-East
West Palm Beach, FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
700002590187--0
83 **-07/15/98--01092--013**
84 City *******550.00 FL *****330.00**

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 _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | V/S/D | <input type="checkbox"/> DELETE |
| NAME | Gerriets, Alfred II | |
| STREET ADDRESS | 301 SE Spanish Trail | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |
| TITLE | P/D | <input type="checkbox"/> DELETE |
| NAME | Feltingoff, Marsha | |
| STREET ADDRESS | 301 SE Spanish Trail | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |
| 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

| | |
|-------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 110 E. 71st Street, Suite 1-2 |
| 14 CITY-ST-ZIP | New York, NY 10021 |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | 110 E. 71st Street, Suite 1-2 |
| 24 CITY-ST-ZIP | New York, NY 10021 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | 700002590187--0 |
| 34 CITY-ST-ZIP | -07/15/98--01092--012 |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | *****8.75 *****8.75 |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(c), 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 in an attachment with an address.

SIGNATURE: Alfred II Gerriets Director 7/9/98 212-472-3790

CR20034 (10/97)

7/9/98
7/14/98