

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

**FILED**  
**Mar 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000086670 (3)**  
 1. Corporation Name  
**GE REALTY, INC.**

Principal Place of Business 5757 COLLINS AVENUE SUITE 906 MIAMI BEACH FL 33140	Mailing Address 5757 COLLINS AVENUE SUITE 906 MIAMI BEACH FL 33140
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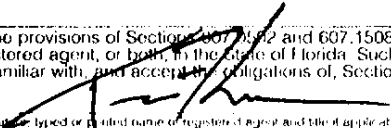
2. Principal Place of Business 21 <b>6155 PINETREE DR.</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI BEACH, FL</b> Zip Country 24 <b>33140</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>6155 PINETREE DR.</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI BEACH</b> Zip Country 29 <b>33140</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>11/09/1995</b>	4. FEI Number <b>65-0619383</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**KINGCADE, TIMOTHY E**  
**VICTORIA BLDG.**  
**2903 SALEDO STREET**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 81 Name **KINGCADE, TIMOTHY S.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **1370 CORAL WAY**  
 84 City **MIAMI** 85 Zip Code **FL 33145**

11. Pursuant to the provisions of Sections 607.002 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: **3/9/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, ELDA</b>	1.2 NAME	<b>GARCIA, ELDA</b>
STREET ADDRESS	<b>% 5757 COLLINS AVE. #906</b>	1.3 STREET ADDRESS	<b>6155 PINETREE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, ARISTIDES</b>	2.2 NAME	<b>GARCIA, ARISTIDES</b>
STREET ADDRESS	<b>% 5757 COLLINS AVE. #906</b>	2.3 STREET ADDRESS	<b>6155 PINETREE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:  DATE: **3/9/98**

CP2E034 (10/97)