

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

Jul 17 1996 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 65-0632286 P9500008784			
1. Corporation Name <i>Equitable Property Management</i>			
Principal Place of Business <i>6803 S.W. 117 Ave Miami FL 33183</i>		Mailing Address <i>6803 S.W. 117 Ave Miami, FL 33183</i>	
2. Principal Place of Business 21 <i>6803 S.W. 117 Ave</i>		2a. Mailing Address 26 <i>6803 S.W. 117 Ave</i>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <i>Miami FL</i>		City & State 28 <i>Miami FL</i>	
Zip 24 <i>33183</i>		Zip 29 <i>33183</i>	
Country 25 <i>Dade</i>		Country 30 <i>Dade</i>	
3. Date Incorporated or Qualified			
3a. Date of Last Report			
4. FEI Number <i>650632286</i>			
Applied For 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. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <i>Jamel Martinez 8045 NW 7 St 405 Miami FL 33126</i>			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
FL			
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 Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			
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7/17/96			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.			
SIGNATURE: <i>Jamel Martinez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (3/96)