

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

FILED

Apr 30 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 # P95000088397 (1)

1. Corporation Name
BEST INCOME PROPERTIES, INC.



Principal Place of Business

MARK H. HILDEBRANDT, P.A.
2301 COLLINS AVE. STE M-14
MIAMI BEACH FL 33139

Mailing Address

MARK H. HILDEBRANDT, P.A.
2301 COLLINS AVE. STE M-14
MIAMI BEACH FL 33139-1607

3. Date Incorporated or Qualified
11/17/1995

3a. Date of Last Report
03/06/1996

4. FEI Number

APPLIED FOR 65 0548916

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

2. Principal Place of Business

21 70 306 Alcazar Avenue

Suite, Apt. #, etc.

22 Suite 302

City & State

23 Coral Gables Fla.

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 1172 S. Dixie Hwy

Suite, Apt. #, etc.

27 # 476

City & State

28 Coral Gables Fla.

Zip

29 33146

Country

30 USA

9. Name and Address of Current Registered Agent

HILDEBRANDT, MARK H.
2301 COLLINS AVE STE M-14
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

William Garcia P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

306 Alcazar Avenue

83

Suite 302

84 City

Coral Gables

FL

85 Zip Code

33134

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

TITLE ☐ DELETE

NAME D PALENZUELA, PEDRO
STREET ADDRESS 3140 NE 185 STREET
CITY - ST - ZIP NORTH MIAMI BEACH FL

TITLE ☐ DELETE

NAME D INFANTE, JOE
STREET ADDRESS 1581 BRIDELL AVENUE 904
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME D TORRES, FRANK
STREET ADDRESS 6111 MAGGORE STREET
CITY - ST - ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

625 Biltmore Way #1001
Coral Gables, FL 33134

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK TORRES

Date

Daytime Phone #

4/14/97 305 794-4896

CR2E034 (9/96)