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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047119 (8)

SOUTH FLORIDA REAL ESTATE INVESTMENTS, INC.

800 WEST AVENUE, SUITE 411 800 WEST AVENUE, SUITE 411 MIAMI BEACH FL 33139-5535 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 3a. Date of Last Report 06/04/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0669136 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apl. #, etc. **\$8.75** Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 84 2ip Code 33139 BEACH Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provisions of office or registered agent, agent. I am familiar with, a oth, in the State of Ajorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or p (NOTE FIE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DELETE ___ Change Addition TITLE 13 10 E SALVATO, FERNANDO RAUL 12 NAME NAME 800 WEST AVENUE, SUITE 411 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CHY-\$1-ZIP Change DELETE Addition TITLE 2.1 1IILE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 DB F NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Change DELETE 4.1 THILE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition **6.1 TITLE** TITLE NAME 6.2 NAME € 3 STREET ADDRESS STREET ADDRESS 64 CITY-\$1-7IP

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 SALVATO FORNAMOS 413047

FILED

May 14 1997 8:00am

Secretary of State