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

DOCUMENT # P96000050312 (3)

FILED May 20 1998 8:00am Secretary of State

1. Corporation SAND	OSTONE INVESTMENTS CO	ORP.	-,		4004 000 0000 0000 0000 000
Principal Plac	ce of Business	Mailing Address			OUIDA OLILI BULBU IKIDI IJUKU ILEA KUUI
800 BRICKELL AVENUE SUITE 1100 MIAMI FL 33131		800 BRICKELL AVENUE Suite 1100 Miami Fl 33131		DO NOT WRITE IN	THIS SPACE
MIAMI PL 3	53131	MIHMI FL 33131		3. Date Incorporated or Qualified	
				06/11/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		62-0699377	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid to	
24	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Curr	rent Registered Agent	81 Name.	10. Name and Address of New Regis	raian wäaur
	BLOOM, KENNETH M		I I Man	44 B.STEIN	
	000 BRICKELL AE,		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	#1102
	SUITE 1100		83 2	500 COLUNS AVE	<u> </u>
N	MIAMI FL 33131		MAIN I"	Mi beach	f Li
			84 City		FL 85 23747
44 Durament	to the avantaions of Costions 607.0	100 and 607 1608 Florida St	ututes the shove named co	rporation submits this statement for the purp	ose of changing its registered
office or	registered agent, or both, in the Sta	ate of Florida, Such change w	as authorized by the corpor	ation's board of directors. I hereby accept the	re appointment as registered
			Conda Statutes 4	0	1.20 1000
SIGNATURE	Mary B. STEII	A super accitain if applicable	(NOTE : Begister FAgent signalure rec	prod when reinstating)	L.30,1998
12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TITLE	D	DELFTE.	1.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, SANDY		1.2 NAME		
STREET ADDRESS	- 800 BRICKELL AVE. SUIT	E 1100	1.3 STREET ADDRESS		
CITY-ST-ZIP	MNIAMI FL 33131		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	STEIN, MOLLY B		2 2 NAME		
STREET ADDRESS	800 BRICKELL AVE SUITE	E 1100	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		Charac Addition
TITLE		DELETE	3 1 TITLF		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. C(1Y-ST-ZIP		Change Addition
TITLE		□1 nettit	E I		Emil outside Emilyanum
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE		[] better	5.2 NAME		
NAME expert appliced			5.2 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST- ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME		LI PELLIC	6.2 NAME		- · -
	1		9.1 PR 11811		
			6 3 STREET AGARGO		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-S1-Zip		

I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 of 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, as on an attachment with an address.

GNATURE: