

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 # P96000071919 (0)
1. Corporation Name
CABLE BEACH PROPERTIES, INC.



Principal Place of Business: 1101 BRICKELL AVENUE #1400 MIAMI FL 33131
Mailing Address: 1101 BRICKELL AVENUE #1400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 SHAPO, FREEDMAN & BLOOM, P.A.		2a LOEB, BLOCK & PARTNERS, LLP		08/29/1996	
22 200 S. BISCAYNE BLVD., STE, MIAMI, FLORIDA		2a 505 PARK AVENUE, NEW YORK, NY		4. FEI Number: 65-0693722	
23 33131		29 10022		Applied For: Not Applicable	
24 33131		29 10022		6. Certificate of Status Desired: \$8.75 Additional Fee Required	
				8. Election Campaign Financing: \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLOOM, LEONARD H 1101 BRICKELL AVENUE #1400 MIAMI FL 33131				81 Name: SOUTH FLORIDA RESIDENT AGENTS, INC.			
				82 Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH BISCAYNE BLVD., SUITE 4750			
				84 City: MIAMI FL 85 Zip Code: 33131			

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: BERKE, HOWARD	1.1 TITLE:	Change Addition
STREET ADDRESS: 505 PARK AVE 9TH FL	CITY-ST-ZIP: NEW YORK NY	1.2 NAME:	
TITLE: D	NAME: SELZER, HERBERT M	1.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 505 PARK AVENUE 9TH FL	CITY-ST-ZIP: NEW YORK NY	1.4 CITY-ST-ZIP:	
TITLE: VPT	NAME: MERKER, WILLIAM	2.1 TITLE:	Change Addition
STREET ADDRESS: 505 PARK AVENUE 9TH FL	CITY-ST-ZIP: NEW YORK NY	2.2 NAME:	
TITLE: VPS	NAME: BLOOM, LEONARD	2.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 1101 BRICKELL AVE #1400	CITY-ST-ZIP: MIAMI FL	2.4 CITY-ST-ZIP:	
TITLE: AS	NAME: WACKSMAN, JEFFREY	3.1 TITLE:	Change Addition
STREET ADDRESS: 505 PARK AVENUE 9TH FL	CITY-ST-ZIP: NEW YORK NY	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	Change Addition
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 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.

CR2E034 (10/97)