


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

FILED

May 01 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 # P96000079703 (0)					
1. Corporation Name MACKENZIE PROPERTIES, INC.					
Principal Place of Business 200 SOUTH BISCAYNE BLVD. STE 800 MIAMI FL 33131			Mailing Address 200 SOUTH BISCAYNE BLVD. STE 800 MIAMI FL 33131-2310		
2. Principal Place of Business 21 252 Miracle Mile Suite, Apt. #, etc. 22 City & State 23 Coral Gables, FL Zip Country 24 33134 25 USA		2a. Mailing Address 26 252 Miracle Mile Suite, Apt. #, etc. 27 City & State 28 Coral Gables, FL Zip Country 29 33134 30 USA		3. Date Incorporated or Qualified 09/25/1996 3a. Date of Last Report 09/25/1996 4. FEI Number 65-0701284 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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CUADRADO, MANUEL A 200 SOUTH BISCAYNE BLVD. STE 800 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	CUADRADO, MANUEL A		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. STE 800		1.2 NAME		
CITY- ST- ZIP	MIAMI FL 33131		1.3 STREET ADDRESS		
TITLE	PSTD	<input type="checkbox"/> DELETE	1.4 CITY- ST- ZIP		
NAME	Dennis Rizzo		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7111 North Maple		2.2 NAME		
CITY- ST- ZIP	Coloma, MI 49038		2.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	2.4 CITY- ST- ZIP		
NAME			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			3.2 NAME		
CITY- ST- ZIP			3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY- ST- ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY- ST- ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY- ST- ZIP			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: Dennis Rizzo <i>Dennis Rizzo</i> 616-468-3281 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

CR2E034 (9/96)