

FILE NOW: FILING FEE \$30.00
AMENDMENT
PROFIT

CORPORATION
ANNUAL REPORT

1999

DOCUMENT # P96000104541
1 Corporation Name LA GORCE PROPERTY INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV 19 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
c/o Frances Blissett, P.A. c/o F. Blissett PA
16211 N.E. 18 Avenue 16211 N.E. 18 Ave.
N. Miami Beach, FL 33162 N. Miami Beach,
FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16211 N.E. 18 Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 16211 N.E. 18 Avenue Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/31/96	4. FEI Number 650723198
22 City & State 23 N. Miami Beach, FL Zip Country 24 33162 25 USA	27 City & State 28 N. Miami Beach, FL Zip Country 29 33162 30 USA	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
9. Name and Address of Current Registered Agent Steven M. Rosen 5601 Biscayne Boulevard Miami, FL 33131		10. Name and Address of New Registered Agent 81 Name Frances Blissett, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 16211 N.E. 18 Avenue 83 84 City N. Miami Beach FL 85 Zip Code 33162	

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 Frances Blissett DATE 11/17/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Pres./Sec. <input type="checkbox"/> DELETE Steven M. Rosen 5601 Biscayne Boulevard Miami, FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director/Pres./Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frances Blissett, Esq. 16211 N.E. 18 Avenue N. Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003069972--0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition -12/14/99--01099--004 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Frances Blissett DATE 11/17/99

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)