

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1992

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandri B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006999
1. Corporation Name
BRIDGES PROPERTIES, INC

Principal Place of Business Mailing Address
3165 NE 184 St, #6305
AVENTURA FL, 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3165 NE 184 St, Suite, Apt. #, etc. 22 6305 City & State 23 AVENTURA Zip 24 33160	2a. Mailing Address 26 3165 NE 184 St Suite, Apt. #, etc. 27 6305 City & State 28 AVENTURA Zip 29 33160	Country 25 DADE Country 30 DADE
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3. Date Incorporated or Qualified 01/23/97	4. FEI Number 65-0730132	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
601 BRICKELL KEY DRIVE
Suite, 805
MIAMI, FL 33131
ALLEN E. GALEGO

10. Name and Address of New Registered Agent
81 Name LAERTE DE PONTES
82 Street Address (P.O. Box Number is Not Acceptable)
83 3165 NE 184 St, #6305
84 City AVENTURA FL 85 Zip Code 33160

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 Laerte de Pontes DATE 10/21/98

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	LAERTE DE PONTES
STREET ADDRESS	3165 NE 184 St, #6305
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600002696076-9
1.4 CITY-ST-ZIP	-11/25/98-01004-023
2.1 TITLE	****158.75****158
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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 it 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: Laerte de Pontes PRESIDENT 10/21/98 (305) 933-9185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)

20/2

BRIDGES PROPERTIES, INC.

September 30, 1998

Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

P970000076999

Dear Sir or Madam:

REF: BRIDGES PROPERTIES INC.

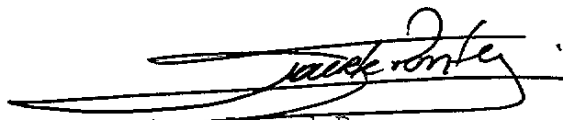
I write you this letter in reference to the annual report of Bridges Properties, Inc.. We have not received the forms in order to send to the Division of Corporation the proper documentation for its renewal. Therefore, please find attached a check in the amount of US\$150.00 for the annual fee for this corporation.

I will appreciate your updating your system with our new address at:

BRIDGES PROPERTIES, INC.
3165 NE 184th street, #6305
Aventura, Florida 33160
Ph: (305) 933-9185
Fax: (305) 933-9287

Thanking you in advance for your attention to this matter, I remain,

Sincerely,


Laerte de Pontes
President