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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

-1	MENT # P97000 IGIOUS PROPERTIES, INC.	0021383 (9)			1306 (131 1806 (18 184)
Principal Plac	e of Business	Mailing Address		136011406 118 16111 16011 80116 00161 90111 06110 11001 1	
407 LINCOLN SUITE 5-8 MIAMI FL 331		407 LINCOLN ROAD Suite 5-8 Miami Fl 33139		DO NOT WRITE IN THIS SE	PACE
				 Date Incorporated or Qualified 03/07/1997 	
——	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# 010	Suite, Apt. #, etc.		65-0747885	Not Applicable
22 Suite, Apr.	π, σ ιο.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	Registered Agent	B1 Name	10. Name and Address of New Registered A	gent
	ITO, GEORGE		B1 Name		
407 LINCOLN ROAD SUITE 5-B			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	AMI FL 33139		63		
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize			s, the above-named corp uthorized by the corporati		hanging its registered intment as registered
agent.la	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.	,	
SIGNATURE	Signature, lyped or posted same of registered age	nt and trie if applicable (NOTE	Registered Agent's gnature require	ed when reinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND I	
TITLE	PD CARLEN	DELETE	1.1 TITLE	L	Change Addition
STREET ADDRESS	GAMARRA, CARMEN 526 NE 195TH STREET		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	GAMARRA, SHAWN		2.2 NAME		
STREET ADDRESS	407 LINCOLN RD., SUITE 5B		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE	L	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME	-	
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 C(TY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.9 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-S1-7iP		12.
TITLE		DELETE	6.1 TITLE	L	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP

14. Thereby 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 received or trustee empeyered 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 adaptinent with an address.

FILED

May 01 1998 8:00am

Secretary of State