G-4-98 B 7914 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

GREAT NECK NY 11023

14. I bereby certify that the information supplied with this Illing indicated on this annual report or supplemental annual rep officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attack

CITY - \$1 - ZIP

SIGNATURE:

FILED Jun 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Moffham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000032954 (4) SEVEN STARS AT BISCAYNE, INC Principal Place of Business Mailing Address 1635 SW B4TH AVE. 1635 SW 84TH AVE. MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1997 2a. Mailing Address Applied For <u>65-0744308</u> Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAYMA, ROMAN-J Almirail 1540-LIRBING-AVENUE 82 CORNE GABLES EL 83146 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Stalt above-named corporation submits this statement for the purpose of changing its registered ed by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change viagent, I am familiar with, and accept the obligations of, Section 607.050! E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 1011 F ALMIRALL, JORGE 1.2 NAME NAME 1635 SW 84TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** 1.4 CITY - ST - ZIP CITY - ST - ZIP DILETE Change Addition TITLE TSD 2.1 TITLE LAVINA. ROMAN NAME 2.2 NAME 1540 URBINO AVENUE STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 33146 CITY-\$1-ZIP 2. 4 CITY - ST - ZIP DELETE Change ___ Addition TITLE **CFOD** 3.1 THEE ALMIRALL, ISIDRO NAME 3.2 NAME 10240 SW 120TH STREET STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME BAND, ROGER 4. 2 NAME 6321 NW 37TH AVE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33147 CITY - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE ALMIRALL, JOSE NAME 5.2 NAME 400 93RD STREET STREET ADDRESS 5.3 STREET ADDRESS SURFSIDE FL 33154 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE STEINBERG, ALLEN NAME 6.2 NAME **46 SHORE PARK ROAD** STREET ADDRESS 6.3 STREET ADDRESS

periot qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an improve for lo execute this report as required by Chapter 607, Florida Statutes; and that my name appears in