

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

FILED

**Jun 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062812 (7)

1. Corporation Name
CRILLON PROPERTIES INC.



Principal Place of Business
**1101 BRICKELL AVE., STE. 1400
MIAMI FL 33131**

Mailing Address
**1101 BRICKELL AVE., STE. 1400
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1997

2. Principal Place of Business:

21 **200 South Biscayne Blvd**

22 **Suite 4750**

23 **Miami, Florida**

24 **33131**

25 **USA**

2a. Mailing Address

26 **200 South Biscayne Blvd**

27 **Suite 4750**

28 **Miami, Florida**

29 **33131**

30 **USA**

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BLOOM, LEONARD H
1101 BRICKELL AVE., STE. 1400
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
SOUTH FLORIDA RESIDENT AGENTS, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH BISCAYNE BLVD., SUITE 4750
83
84 City **MIAMI** 85 Zip Code **FL 33131**

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

[Signature]

(Note: Registered Agent signature required when reinstating)

DATE

4/2/98

12. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DS Howard Berke
13 STREET ADDRESS	505 Park Ave. 9th Floor
14 CITY - ST - ZIP	New York, NY 10022
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DP Herbert M. Selzer
23 STREET ADDRESS	505 Park Ave. 9th Floor
24 CITY - ST - ZIP	New York, NY 10022
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	3000002553085
63 STREET ADDRESS	-06/03/98--01074--032
64 CITY - ST - ZIP	***150.00

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.

President

CR2E034 (10/97)