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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Jan 27 1998 8:00am Secretary of State

	1330	ENTICION CI		Secretary of State
DOCUMENT # P97000089286 (3)				
WATERSIDE FIVE, INC.				
				LINGTON THE CHIEF TO BE CONTROLLED FOR THE CONTROL OF THE PROPERTY OF THE CONTROL
	ce of Business	Mailing Address		1 100 100 100 100 100 100 100 100 100 1
2900 NW 7TH STREET				
MIAMITE	55125	MIAMI FL 33125		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				10/16/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curren		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	CEASE, MICHAEL S		81 Name	
2900 NW 7TH STREET			82 Stree	et Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33125			51 500 ce	et Address (F.O. dox Number is 1901 Addeptable)
			83	
			84 City	85 Zip Code
office or	to the provisions of Sections 607,050 registered agent, or both, in the State	of Florida, Such change was au	s, the above-name uthorized by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
i	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	
SIGNATURE	Signature, typed or printed name of registered age	rit and little if appficable. (NOTE:	Registered Agent signatu	ure required when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D/ <i>P/S</i>	☐ DELETE	. 1.1 TITLE	DIPIS Change Addition CEASE, MICHAEL S. 2900 N.W. 7TH STREET MIAMI, FL. 33125
NAME	CÉASE, MICHAEL S		1.2 NAME	CEASE, MICHAELS.
STREET ADDRESS	2900 NW 7TH STREET MIAMI FL 33125		1.3 STREET ADDRESS	\$ 2900 N.W. 717 STREET
CITY-ST-ZIP	MINIMI I E GG 12G	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADORESS	}		2.3 STREET ADDRESS	s
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	S
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME			4. 2 NAME	Chainge C Monton
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	6
CITY-ST-ZIP		T SELECTE	5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	,
CITY-ST-ZIP			6.4 CITY - ST- ZIP	
	entify that the information cumplied wi	th this filing dose not qualify for		stard in Continu 110 07/2\(\text{i}) Florida Statutes I further config. that the information

I. 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 regeliver 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 attachyler with an address.

SIGNATURE: MARCH 15 CBURE PAR ON PETER S. CARSE 1-19-98 (305)642-523