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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90169 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104537

1. Corporation Name
13700 PROPERTIES, INC.



Principal Place of Business 3341 NE 165TH ST SUITE 401 N MIAMI BEACH FL 33160 US	Mailing Address 3341 NE 165TH ST SUITE 401 N MIAMI BEACH FL 33160 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18815 NE 21st Ave	2a. Mailing Address 26 18815 NE 21st Ave	3. Date Incorporated or Qualified 12/11/1997	4. FEI Number 65-0815566	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 NMB Florida	City & State 28 N.M.B., Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 33179	Country 25 USA	29 33179	30 USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FEDER-GLASER, HEDY
3341 NE 165TH STREET
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name Hedy Feder - Glaser
82 Street Address (P.O. Box Number is Not Acceptable)
18815 NE 21st Ave
83
84 City North Miami Beach FL 85 Zip Code 33179

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 Hedy Feder - Glaser DATE 4-12-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FEDER-GLASER, HEDY	
STREET ADDRESS	3341 N.E. 165TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GLACER, RICKEY	
STREET ADDRESS	3341 N.E. 165TH STREET	
CITY-ST-ZIP	N MIAMI BEACH 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Feder - Glaser, Hedy	
1.3 STREET ADDRESS	18815 NE 21st Ave	
1.4 CITY-ST-ZIP	NMB, Florida 33179	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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, with all other like empowered.

SIGNATURE: Hedy Feder - Glaser DATE 4-12-99 (305) 792-4525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)