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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053216

1. Corporation Name
SABRINA APARTMENTS, INC.

Principal Place of Business	Mailing Address
400 S. POINTE DR., #2502 MIAMI BEACH FL 33139	400 S. POINTE DR., #2502 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 South Pointe Dr.	2a. Mailing Address 28 400 South Pointe Dr.	3. Date Incorporated or Qualifed 06/08/1998	
Suite, Apt. #, etc. 22 810	Suite, Apt. #, etc. 27 810	4. FEI Number 65-0867401	☐ Applied For ☐ Not Applicable
City & State 23 Miami Beach, FL	City & State 26 Miami Beach FL	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 33139 Country 25 Dade	Zip 29 33139 Country 30 Dade	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PHILIPP, ANTON
400 S. POINTE DR., #2502
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name Harald Blecher
82 Street Address (P.O. Box Number is Not Acceptable) 400 South Pointe Dr. # 810
83
84 City Miami Beach FL 85 Zip Code 33139

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 Harald Blecher President 4/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	PHILIPP, ANTON		1.2 NAME	Harald Blecher	
STREET ADDRESS	400 S. POINTE DR., #2502		1.3 STREET ADDRESS	400 S. Pointe Drive # 810	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME			2.2 NAME	Stefan Sousi	
STREET ADDRESS			2.3 STREET ADDRESS	1413 Santa Cruz	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME			3.2 NAME	Asdiva Ragnarsson	
STREET ADDRESS			3.3 STREET ADDRESS	1413 Santa Cruz	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME			4.2 NAME	Ludvik Bergvinsson	
STREET ADDRESS			4.3 STREET ADDRESS	1413 Santa Cruz	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: Harald Blecher 4/5/99 305 534 2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #