

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90008 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000092908

1. Corporation Name
9500 BUILDING, INC.

Principal Place of Business 7135 NW 74TH STREET MIAMI FL 33166-2534	Mailing Address 7135 NW 74TH STREET MIAMI FL 33166-2534
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1998	
21		26		4. FEI Number 65-0879453	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		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				10. Name and Address of New Registered Agent			
HECKERLING, DALE A 9350 SO. DIXIE HIGHWAY SUITE 1550 MIAMI FL 33156				81 Name	Peter T. Austen		
				82 Street Address (P.O. Box Number is Not Acceptable)	7135 N. W. 74 Street		
				83			
				84 City	Miami	85 Zip Code	FL

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: Peter T. Austen, VP, Sec-Treas DATE: 305-888-2366

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECKERLING, DALE A	1.2 NAME	Stephen H. Smith
STREET ADDRESS	9350 SO. DIXIE HIGHWAY #1550	1.3 STREET ADDRESS	7135 N. W. 74 Street
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	Miami, FL 33166-2534
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP, Sec. Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Peter T. Austen
STREET ADDRESS		2.3 STREET ADDRESS	7135 N. W. 74 Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33166-2534
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Asst VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Janice B. Austen
STREET ADDRESS		3.3 STREET ADDRESS	7135 N. W. 74 Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33166-2534
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Asst. VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Carole Smith
STREET ADDRESS		4.3 STREET ADDRESS	7135 N. W. 74 Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33166-2534
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Peter T. Austen DATE: 1/18/99 DAYTIME PHONE #: 305-888-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)