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14. I do hereby certify that the information supplied with this filing

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information indicated on this annual revolution an officer or director of the corporat

appears in Block 12 or B

FILED May 01 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # S26328 (2) MIAMI RIVER PROPERTIES, INC. Principal Place of Business Mailing Address 1801 S.W. 3RD AVE. 1801 S.W. 3RD AVE. 8TH FLOOR MIAMI FL 33129 **BTH FLOOR** MIAMI FL 33129-1487 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1991 07/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0291316 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Соц $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, **K**KYes □ No 24 Florida Statutes 25 30 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JIMENEZ, ROSE G 1801 S.W. 3RD AVE. 8TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **DPTS** XXIXI Change DELFTE Addition TITLE 1.1 TITLE DPTSV MEIRELES, CLETO CAMPELO NAME 1.2 NAME 1801 S.W. 3RD AVE. 8TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP XXX DELETE Change Addition TITLE 2.1 71116 MEIRELES.MARIA DE FATIMA NAME 2.2 NAME 1801 SW 3RD AVE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - S1 - Z)F DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELFTE Change Addition TITLE 5.1 HH F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE Change Addition 61 10 LE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

dols not qualify for the exemption stated in Section 119.07(3)(i), I lorida Statutes. I further certify that the

hi report is true and accurate and that my signature shatl have the same logal effect as if made under oath; that islee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name