


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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S30444 (1)

1. Corporation Name
CIG REALTY, INC.



Principal Place of Business 2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES FL 33134 US	Mailing Address 2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1991

4. FEI Number
65-0272697

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country
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9. Name and Address of Current Registered Agent

BOGGIO, LLOYD
2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name **MARCUS, STEWART**

82. Street Address (P.O. Box Number is Not Acceptable)
3225 AVIATION AVENUE, SUITE 700

83. _____

84. City **COCONUT GROVE** **FL** 85. Zip Code **33133**

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: *Marcus, Pres* DATE: **1/29/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOGGIO, LLOYD
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH-2
CITY-ST-ZIP	CORAL GABLES FL
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	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARCUS, STEWART
1.3 STREET ADDRESS	3225 AVIATION AVENUE, SUITE 700
1.4 CITY-ST-ZIP	COCONUT GROVE, FLORIDA 33133
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.

SIGNATURE: *Marcus, Pres* DATE: **1/29/98** **(305) 860-8188**

CR2E034 (10/97)