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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$63918

(4)

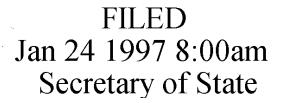
## OVERTURE PROPERTIES, INC.

Mailing Address

1101 BRICKELL AVE. STE 1400 MIAMI FL 33131

Principal Place of Business

1101 BRICKELL AVE. STE 1400 MIAMI FL 33131-3117



						3. Date Incorporated or Qualified 06/28/1991	ted or Qualified 3a. Date of Last Report 03/25/1996			
2. Principal Pl	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number		P	opplied For	
21		26				65-0275255		11	lot Applicable	
Suite, Apt.	#, etc	Suite, 7	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0	City 8	State			Election Campaign Financing Trust Fund Contribution	П		May Be I to Fees	
Z:p	Country	Zip		Count	rv	8. This corporation has liability for				
24	25	29		30	.,	· · · · · · · · · · · · · · · · · · ·	Yes		a. 199.002,	
24	9. Name and Address of Curre		gent	1301		10. Name and Address of New Re				
BLOOM, LEONARD H. 1101 BRICKELL AVE, STE 1400 MIAMI FL 33131					1 Name 2 Street	Address (P.O. Box Number is Not Acceptate	ole)			
MANUTE COTO				8	:3	,	***************************************	·········	,	
				8	4 City		FL	<b>85</b> Zip	Code	
office or n agent Tai	egistered agent, or boln, in the Sta in familiar with, and accept the obli	te of Fiorida. Suct igations of, Sectio	h change was a nn 607 0505, Flo	authorized orida Statu	by the col tes	d corporation submits this statement for the proporation's board of directors. I hereby acce	pt the appo	intment a	is registered s registered	
	Sympletics of granules permitted matter extends steered a		de (NOT		Agent signatui	e required when reinstaling)	DATE			
12.	,	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND			
TITLE	DP		DELETE	1.1 T(TL	E		Ļ	Change	Addition	
NAME	BLOOM, LEONARD H.			1.2 NAM	E					
STREET ADDRESS	1101 BRICKELL AVE, #1400			1.3 STR	ET ADDRESS					
C!TY - ST - ZIP	MIAMI FL			1.4 CITY	-ST-ZIP					
THILE	DVS		DELETE	2 1 1 ITL	E		l.	Change	Addilion	
NAME	WACKSMAN, LEONARD			2.2 NAM	IE					
STREET ADDRESS	505 PARK AVE.			2.3 STR	EFT ADDRESS					
C(T) - ST - ZIP	NEW YORK NY			2. 4 CIT	Y-ST-ZIP					
THILE			☐ DELETE	3.1 ŤIŤL	E			Change	Addition Addition	
NAMí				3.2 NAM	IĘ					
STREE* ACORESO				3.3 STR	EET ADDRESS					
CHY-ST ZIP				3.4. CIT	Y-ST-ZIP					
TITLE			DELETE	4.1 TITL	E			Change	Addition	
NAME				4. 2 NA	ME					
STREET ADORESS				4.3 STR	EET ADDRESS					
CBY-SI-ZII					-ST-ZIP					
TITLE	<u> </u>	. 141 . 141 . 141	DELETE	51 TITL				Change	Addition	
NAME				5.2 NAN	tE					
STREET ADORESS					 Fet address					
		-								
CITY ST-70F	<u> </u>		DELETE	5 4 CIFY	r ST-ZIP			Change	Addition	
			LA DECEME				,	onanys		
NAME				62 NAM						
STREET ADDRESS					EET ADDRESS					
CITY-ST-7P				64 CIT	í-ST-ZIP					

14. I do 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 armual report or suppliemental 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: