

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S63918** (4)  
1. Corporation Name  
**OVERTURE PROPERTIES, INC.**

Principal Place of Business <b>1101 BRICKELL AVE. STE 1400 MIAMI FL 33131</b>	Mailing Address <b>1101 BRICKELL AVE. STE 1400 MIAMI FL 33131</b>
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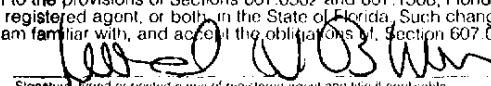


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 SHAPO, FREEDMAN &amp; BLOOM</b> Suite, Apt. #, etc. <b>22 200 SOUTH BISCAYNE, STE 4750</b> City & State <b>23 MIAMI, FLORIDA</b> Zip <b>24 33131</b>		2a. Mailing Address <b>26 LOEB, BLOCK &amp; PARTNERS, LLP</b> Suite, Apt. #, etc. <b>27 505 PARK AVENUE, 9th FLOOR</b> City & State <b>28 NEW YORK, NY</b> Zip <b>29 10022</b>		3. Date Incorporated or Qualified <b>06/28/1991</b>	
		4. FEI Number <b>65-0275255</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BLOOM, LEONARD H. 1101 BRICKELL AVE, STE 1400 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent <b>81 Name SOUTH FLORIDA RESIDENT AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) FIRST UNION FINANCIAL CENTER 83 200 SOUTH BISCAYNE BLVD., SUITE 4750 84 City MIAMI FL 85 Zip Code 33131</b>			
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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  **LEONARD H. BLOOM, V/S** **4/15/98**  
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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOOM, LEONARD H.			1.2 NAME	BLOOM, LEONARD H.		
STREET ADDRESS	1101 BRICKELL AVE, #1400			1.3 STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 4750		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	DVS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WACKSMAN, LEONARD			2.2 NAME			
STREET ADDRESS	505 PARK AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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.

SIGNATURE  **LEONARD H. BLOOM, V/S** **(305) 354-4444**

CR2E034 (10/97)