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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

S97503

(4)

FIFTH STREET DEVELOPMENT CORP.

Principal Place of Business Mailing Address			7-FAURU & 1		. 814 01812 01811 01811 01811 01811 1881
1110 BRICKELL AVENUE 1110 BRICKELL AVENUI SEVENTH FLOOR SEVENTH FLOOR					
MIAMI FL 33131 MIAMI FL 33131		MIAMI FL 33131	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 12/03/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		11-3221802	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	-	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	 This corporation owes or has paid t 	` _ `
24	25 g. Name and Address of Curr	29	30	Personal Property Tax due June 30 10. Name and Address of New Regis	
	- =	aur nadisteran Adaur	81 Name	10. Name and Address of New Regis	tered Agent
	/INE, ROBERT J		- Name		
1110 BRICKELL AENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SEVENTH FLOOR MIAMI FL 33131			83	· · · · · · · · · · · · · · · · · · ·	
MIC	umi FL 33131				
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purp	oose of changing its registered
office or re agent. I an	egistered agent, or both, in the Sta in familiar with, and accept the obt	to of Florida. Such change was a igations of, Section 607.0505. Flo	authorized by the corpora orida Statutes.	tion's board of directors. I hereby accept th	ie appointment as registered
SIGNATURE		3			
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (NOTI	E: Registerad Agent signature requi	ired when reinstating)	DATE:
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	L] DELETE	1.1 TITLE		Change Addition
NAME	OKUN, RONI	•4	1.2 NAME		
STREET ADDRESS	1110 BRICKELL AVE, 7TH F	L	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY+ST-ZIP		AL DAMES
TITLE		Dittil	2.1 TITLE		L_ Change L_ Addition
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREFT ADDRESS		
TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City-St-ZiP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	_		4.4 CITY - ST - ZIP		
TITLE		☐ DELET e	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		_	6.2 NAME		
STREET ADDRESS)	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby ce indicated o	ertiry that the information supplied on this annual report of supplemen	with this tiling does not qualify for fal annual report is true and acci	r the exemption stated in urate And that my signatu	Section 119.07(3)(i), Florida Statutes. I furtl re shall have the same legal effect as if ma uired by Chapter 607, Florida Statutes; and	ner certify that the information de under oath; that I am an
officer or d Block 12 o	firector of the corporation or the re r Block 13 if changed, or on an att	ceiver or trustee empowered to e achment with an address	execute this report as requ	uired by Chapter 607, Florida Statutes, and	that my name appears in