

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

FILED
May 14 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 # S98845 (8)

1. Corporation Name
MICHEL MORTGAGE INVESTMENTS, INC.

Principal Place of Business 4434 N BAY RD MIAMI BCH FL 33140	Mailing Address 4434 N BAY RD MIAMI BCH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/09/1991	
				4. FEI Number 65-0319064	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 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) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	NAME	BERKOWITZ, ABBEY	1.1 TITLE	SECRETARY	1.2 NAME	
STREET ADDRESS	4434 N BAY RD	CITY-ST-ZIP	MIAMI BCH FL	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	P	NAME	BERKOWITZ, MURRAY	2.1 TITLE		2.2 NAME	STEVEN BERKOWITZ
STREET ADDRESS	4434 N BAY RD	CITY-ST-ZIP	MIAMI BCH FL	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	4434 N BAY RD MB, FL 33140
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		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 _____ 2/19/98 305-672-1543

CP2E034 (10/97)