FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08501 (1)

1. Corporation Name

A.H.E. PROPERTIES, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 04/21/1995

	2. Principal Place of Business		2a. Mailing Address
21	12515 N. Kendall Dr.	26	12515 N. KendallDr.
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	Suite 324	27	Suite 324
	City & State		City & State
23	Miami, FL	28	Miami, FL
	Zip / Country		Zip / Country
24	33183 / 25 USA	29	33183 / 30 USA

4. FEI Number: 65-0306474 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SEGREDO, FRANK J.
901 PONCE DE LEON BLVD. #701
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Jim Puente
82 Street Address (P.O. Box Number is Not Acceptable): 12515 No. Kendall Drive #324
83
84 City: Miami FL 85 Zip Code: 33183

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 [signature] DATE 6/28/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LIBERMAN, RELLY A	
STREET ADDRESS	901 PONCE DE LEON BLVD. #701	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	☐ DELETE
NAME	LIBERMAN, LUIS	
STREET ADDRESS	901 PONCE DE LEON BLVD. #701	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	12515 N. Kendall Dr., #324	
1.4 CITY-ST-ZIP	Miami, FL 33183	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	12515 N. Kendall Dr., #324	
2.4 CITY-ST-ZIP	Miami, FL 33183	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Relly A. Liberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #