## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Katherine Harris ANNUAL REPORT 99 MAR -5 PH 2: 33 Secretary of State 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # V 3/544 1. Corporation Name HI ALEAH PROPERTY INVESTMENT I, INC. Principal Place of Business
P. D. Box # 3580 Mailing Address P.O. BOX # 3580 VERO BEACH, JE 3296 L VERD BEACH, £ 32964 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2a. Mailing Address 65-0327462 Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARY R. MARLIN SUITE 303 Street Address (PA) Bo \*umber is Not Acceptable) 600002600686---8 250 CATALONIA AUB 83 -03/10/93 - -01050 - -021 CORAL GAMES, R 33/34 \*\*\*\*150**.9**0 | **\*\*\***\*\$50.00 City 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 the appointment as registered SIGNATURE of registered agent also little if applica when femalishing 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE [ ] DELETE 1.1 TITLE MAGALY RODRIGUES NAME 12 NAME 980 DUSTER SHELL LANG VE AO BEACH, 20 32963 STREET ADDRESS 13 STREET ADDRESS CFTY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE [ [Change [ ] Addition POTER ROOKKNOS NAME 2.2 NAME 80 DYSTER SHELL LAND STREET ADDRESS 23 STREET ADDRESS NO BBACK, FE 32463 CITY-ST-ZIP 2 4 CITY-S\*-ZIF L] OELETE f (Addition TITLE 3.1.1d(F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 4 1 TITLE 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 OTY-51-719 Ë I DELETE 51 TITLE [ [Change [ ] Add tion TITLE 5.2 NAMS NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP [] DELETE 6 1 TITLE [ | Addition [ | Change TITLE 6 2 NAVE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY-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 logal 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)