1. Entity Name

FIFTY NINTH STREET PROPERTIES, INC.

May 19, 2002 8:00 am § Secretary of State 05-19-2002 90163 044 \*\*\*150.00

Principal Place of Business 269 NW 7TH ST SUITE 1 MIAMI FL 33136 US			Mailing Address 269 NW 7 ST MIAMI FL 33136 US									
2. Principal i	Place of Busi	ness	3. Mailing Address				f 100) i 61)	<b>619 4</b> 011 <b>0 6</b> 1111 <b>6</b> 181			EICH OLEH IEDI	
Suite, Apt	r. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4	h54364330 H+				applied For lot Applicable	
Zip		Country	Zip Country			5	5. Certificate of Status Desired S8.75 Additional Fee Required				ditional	
	6. Name	egistered Agent				7. Name and Address of New Registered Agent						
		Name										
WEITZEL, TED.H.					Charles (D.O. D. al.)							
201 N.W. 7TH STREET #401					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL	33136			İ	-		-		<del>-</del> • · · · ·	•		
				ŀ								
					City			FL	Zip Cod	de		
8. The above	named entity	submits this statement for t	he purpose of changing its	reaistere	d office or	reaistered :	agent or both	in the State of	Florida	<del></del>		
9. This corpo	oration is eligi	or printed name of registered agent and	_	Agent signatur	re required when			DATE				
	requirement a ria on back)	and elects to do so.	After May 1, 2002 Fee will be \$! Make Check Payable to Departmen			50.00 of State		on Campaign I Fund Contribu			May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.			ADDITIONS/CH	ANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RANDALL I 7TH STREET #401 33136	☐ Delete		T ADDRESS ST-ZIP	_				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PRACE C /. 13TH STREET E PINES FL 33028	☐ Delete	Delete TITLE NAME STREE CITY-			Lu .	-	,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEITZEL, 201 N.W. 1 MIAMI FL :	7th-street-#401~~ ~	□ Delete	TITLE NAME -: ~STREET	FADDRESS - =	~	~		~	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				, <u>,</u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			<u>.</u>	4	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A	☐ Delete	TITLE NAME STREET CITY-S	AUDRESS T-ZIP					☐ Change	Addition	

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 report or supplied members to 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: