

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 321028 (3)
1. Corporation Name
POLMAR REALTY INC



Principal Place of Business: **C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131**
Mailing Address: **C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
9. Name and Address of Current Registered Agent: 30

**LERMAN, ISIDORO
LERMAN AND LERMAN, P.A.
48 EAST FLAGLER STREET, PENTHOUSE 101
MIAMI FL 33131**

3. Date Incorporated or Qualified: **09/18/1967**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-1223043**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0119 and 607.508, 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

12. OFFICERS AND DIRECTORS
1. TITLE: **S** [] DELETE
NAME: **LERMAN, ISIDORO (ASST)**
STREET ADDRESS: **48 E. FLAGLER ST. #101**
CITY, ST, ZIP: **MIAMI, FL 00000**
2. TITLE: **PD** [] DELETE
NAME: **GINZBURG, SAUL**
STREET ADDRESS: **7901 BISCAYNE POINT CIR**
CITY, ST, ZIP: **MIAMI BCH, FL 00000**
3. TITLE: **TD** [] DELETE
NAME: **GINZBURG, BERTHA**
STREET ADDRESS: **7901 BISCAYNE POINT CIR**
CITY, ST, ZIP: **MIAMI BCH, FL 00000**
4. TITLE: **VP** [] DELETE
NAME: **GINZBURG, MITCHELL**
STREET ADDRESS: **7901 BISCAYNE POINT CIRCLE**
CITY, ST, ZIP: **MIAMI BEACH FL**
5. TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
6. TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP: [] Change [] Addition
5. TITLE: [] Change [] Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP: [] Change [] Addition
9. TITLE: [] Change [] Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:

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 119.04(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation, or the officer 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 omitted, if deleted with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Isidoro Lerman

3/26/96 305 3736541

DATE OF FILING

CR2E034 (12/95)