

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 # **620828** (4)

1. Corporation Name
REAL HOLDING MANAGEMENT, CORP.



Principal Place of Business: **9688 S.W. 24 STREET MIAMI FL 33165**
Mailing Address: **9688 S.W. 24 STREET MIAMI FL 33165**

3. Date Incorporated or Qualified: **05/23/1979**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **59-1944484**
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**MARQUEZ, JOSE M.
700 NW LE JEUNE RD. STE 400
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81. Name: **SAME**
82. Street Address (P.O. Box Number is Not Acceptable): **782 NW LeJeune Road**
83. Suite: **548**
84. City: **Miami** 85. Zip Code: **FL 33126**

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: *Jose Marquez* DATE: **2/20/96**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GUERRA, JORGE | |
| STREET ADDRESS | 8440 SW 58 ST | |
| CITY - ST - ZIP | MIAMI, FL 0 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GUERRA, ARMANDO J | |
| STREET ADDRESS | 8450 S W 48TH STREET | |
| CITY - ST - ZIP | MIAMI, FL 0 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HERRAN, MANUEL A | |
| STREET ADDRESS | 8460 SW 5TH ST | |
| CITY - ST - ZIP | MIAMI, FL 0 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HERRAN, JOSE A | |
| STREET ADDRESS | 8455 GRAND CANAL DR | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | JIMENEZ, DAVID | |
| STREET ADDRESS | 10321 SW 37 STREET | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | HERRAN, EZEQUIEL | |
| STREET ADDRESS | 14020 SW 36 STREET | |
| CITY - ST - ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 119.07(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: *Manuela A. Herran* DATE: **2/15/96 (305)**
MANUELA A. HERRAN 221-8351 DAYTIME PHONE #

CR2E034 (12/95)