## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 651025

(9)

COMREAL MIAMI, INC.

**FILED** 

Apr 27 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					( 1881) 8 8148 816 108 94 9810 11891 8111 8181 8181 8181 8181 818	
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8725 N.W. 18TH TERRACE. SUITE #105 8725 N.W. 18TH TERRAC			ice. Suite	. SUITE #105		
MIAMI FL 33172		MIAMI FL 33172				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/29/1979
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				<b>59-1955574</b> Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27	27			Fee Required
City & State		City & State				Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent			<u>.</u>	10. Name and Address of New Registered Agent
	SMITH, STEPHEN H.			81	Name	
8725 N.W. 18TH TERRACE				82	Street Add	dress (P.O. Box Number is Not Acceptable)
	SUITE 105					
	MIAM) FL 33172		83			
				84	City	85 Zip Code
					•	
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						
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, typed or printed name of registered agent and title if ar pleachin (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PD	☐ DELETE	1.1 TI			E Change E Adoution
NAME	SMITH, STEPHEN H.	***	1.2 N/			
STREET ADDRES		#105			ADDRESS	
CITY-SY-ZIP	MIAMI FL 33172			TY-ST	- Z(P	D Oharas T I I I I I I I I I I I I I I I I I I
TITLE	V	☐ DELETE	2.1 T			Change Addition
NAME	WIRTH, JEFFREY K.		2.2 N/			
STREET ADDRES	<b>4</b> 1-2 11111 12111	<b>#</b> 105	2.3 S1	TREET	address	
CITY-ST-ZIP	MIAMI FL 33172		_	ITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 TI			Change Addition
NAME			3.2 N			
STREET ADDRES	ss		3.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		HTY-S	T-ZIP	Atoma and addition
TITLE		DELETE	4.1 TI			Change Addition
NAME	1		4. 2 N			
STREET ADDRES	ss		4.3 S1	TREET	address	
CITY-ST-ZIP			_	ITY-ST	- ZIP	
TITLE		DELETE	5.1 Ti	TLE		Change    Addition
NAME	1		5.2 N/	AMF		
STREET ADDRES	SS		5 3 ST	TAEET	address	
CITY-ST-ZIP			5.4 CI	TY-ST	T-ZIP	
TITLE		DELETE	61 Tr	TLE		Change Addition
NAME			62 N/	AME		
STREET ADDRES	ss		6351	TREET	ADDRESS	
CITY-ST-ZIP			64 C	TY-SI	r-zip	<i>:</i>

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 signatures all 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 cran alfacility must be a supplementation of the corporation of the

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(ce /90)