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



FILED

, COF ANNU	PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPART  Sandra B.  Secretary  DIVISION OF CO	Mortham of State	Jan 14 1997 Secretary	
1. Corporation	MENT # <b>G97687</b> REALTY, INC.	(9)		# JARONINI BOKO PONIK PODAN BAJUK INGINI JOB NE N	21) D/A// B/B// 8/B// 8/B// 8/B// B/B// B/B//
Principal Place * EUGENIO M 5300 S.W. 2ND MIAMI FL 3313	I. FERNANDEZ D STREET	Mailing Address % EUGENIO M. FERNANDE: 5900 S.W. 2ND STREET MIAMI FL 33134-1106	?	3, Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt.	face of Business #, etc.	2a. Mailing Address 26 Suite. Apt # etc.		04/03/1984 4. FEI Number 59-2389440 5. Certificate of Status Desired	02/14/1996 Applied For Not Applicable \$8.75 Additional
22   City & State 23   Zip 24	Country	27   City & State   28   Zip   29   3	Country	6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for interest.	Fee Required  \$5.00 May Be Added to Fees angible tax under s. 199.032, Yes No
5300 MIAI	9. Name and Address of Current NANDEZ, EUGENIO M. 9 S.W. 2ND STREET MI FL 33134  to the provisions of Sections 607,0502 egistered agent, or both, in the State of familiar with, and accept the obligations.		83     84   City	10. Name and Address of New Reginers (P.O. Box Number is Not Acceptable poration submits this statement for the pution's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE.	Registered Agent signature requi		DATÉ
TITLE NAME STREET ACCRESS CITY-ST-Zip	PST FERNANDEZ, EUGENIO M. 5300 S.W. 2ND STREET MIAMI FL	☐ DELETE	1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		Change Acdition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, EUGENIO M. 5300 S.W. 2ND STREET MIAMI FL	□ DELETE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2 4 GITY - ST- ZIP		Change Addition
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TITLE NAME STREET ADDRESS		☐ DELĒTE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Crange Addition

14. I do nereby certify that the information supplied with this filling 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 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.