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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

1400 NW 107 AVE.

MIAMI FL 33126

5TH FLOOR

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H34276

(6)

Mailing Address

1400 NW 107 AVE. 5TH FLOOR

MIAMI FL 33126

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

ADLER FIRST COMMERCIAL REALTY, INC.

Country

								
	DO NOT WRITE IN THIS SPACE							
	3. Date Incorporated or Qualified							
	12/14/1984 4. FEI Number	Applied For						
	59-2495009	Not Applicable						
	5. Certificate of Status Desired	\$8.75 Additional Fee Required						

8. This corporation owes or has paid the current year Intangible

FILED

May 18 1998 8:00am

Secretary of State

\$5.00 May Be

Added to Fees

Yes Yes

24 9. Name and Address of Current Registered Agent LEVY, JOEL 1400 NW 107 AVE. 5TH FLOOR **MIAMI FL 33126**

	B2	Street Address (P.O. Box Number is Not Acceptable)				
Ì	В3					
	84	City FL 85 Zip Code				

Personal Properly Tax due June 30.

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

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.

Country

Name 81

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SIGNATURE	Signature, typed or profiled name of registered agent and title if an	micable. (NOTE F	Registered Agent signature	required when reinstating)	DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DST	DELETE	1.1 TITLE		☐ Change	Addition				
NAME	ARRIZURIETA, LUIS		1.2 NAME							
STREET ADDRESS	1400 NW 107 AVE., 5TH FLOOR		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP							
TITLE	CEO	DELETE	21 TITLE	D/P/CEO	X Change	☐ Addition				
NAME	ADLER, MICHAEL M.		22 NAME	' '						
STREET ADDRESS	1400 NW 107 AVE., 5TH FLOOR		2 3 STREET ADDRESS							
CITY-ST-ZIP	<u>M</u> IAMI FL		2. 4 CITY - ST - ZIP							
TITLE	DEVA	DELETE	3.1 TITLE	D/EV/AS	XI Change	☐ Addition				
NAME	LEVY, JOEL		3.2 NAME	•						
STREET ADDRESS	1400 NW 107 AVE., 5TH FLOOR		3 3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		3 4. CITY - ST - ZIP							
TITLE	AS	DELETE	4 1 TITLE		☐ Change	Addition				
NAME	AD LER, LINDA		4. 2 NAME							
STREET ADDRESS	1400 NW 107 AVE., 5TH FLOOR		4.3 STREET ADDRESS							
CITY-ST-ZIP	MIAM) FL		4.4 CHY-ST-ZIP			•				
TITLE		☐ DELETE	5.1 TITLE	V	Change	X Addition				
NAME			5.2 NAME	Paget, Jack 1400 NW 107 AVR.						
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Miami, FL 33172						
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			. 6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							

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 agricult report is the 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 or powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an all achiment with an address.

6.4 CITY-ST-ZIP

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