

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **K39085** (1)
1. Corporation Name
E. P. I. REALTY, INC.

Principal Place of Business

**815 N. RED RD.
#400
MIAMI FL 33126
US**

Mailing Address

**815 N. RED RD.
#400
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1988

4. FEI Number

65-0096276

Applied For
☐ Not Applicable

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business
21 **7200 NW 7th ST.**
Suite, Apt. #, etc.
22 **3rd FLOOR**
City & State
23 **MIAMI, FL**
Zip
24 **33126** Country
25

2a. Mailing Address
26 **7200 NW 7th ST.**
Suite, Apt. #, etc.
27 **3rd FLOOR**
City & State
28 **MIAMI, FL**
Zip
29 **33126** Country
30

9. Name and Address of Current Registered Agent

**GONZALEZ, LOUIS O.
815 N. RED RD.
SUITE 400
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7200 NW 7th ST.
83 **3rd FLOOR**
84 City **MIAMI** FL 85 Zip Code **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

(Signature typed or printed name of registered agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GONZALEZ, LOUIS O.	
STREET ADDRESS	815 N. RED RD., SUITE 400	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☒ DELETE
NAME	SMITH, LESLIE	
STREET ADDRESS	815 N. RED RD., SUITE 400	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☒ Addition
1.2 NAME	LISA RAMOS
1.3 STREET ADDRESS	7200 N.W. 7th ST., 3rd Floor
1.4 CITY-ST-ZIP	MIAMI, FL 33126
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	LOUIS O. GONZALEZ
2.3 STREET ADDRESS	7200 NW 7th ST., 3rd Floor
2.4 CITY-ST-ZIP	MIAMI, FL 33126
3.1 TITLE	☒ Change ☒ Addition
3.2 NAME	LESLIE SMITH
3.3 STREET ADDRESS	7200 NW 7th ST., 3rd Floor
3.4 CITY-ST-ZIP	MIAMI, FL 33126
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	DONALD SMITH
4.3 STREET ADDRESS	7200 NW 7th ST., 3rd Floor
4.4 CITY-ST-ZIP	MIAMI, FL 33126
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:

[Signature]

2/15/98

CP2E034 (10/97)