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

Secretary of State

FILED

Feb 06 1998 8:00am

DOCU 1. Corporation	MENT # M252	91	(9)				_
'	n Name D REAL ESTATE SERVICE		()				
CIVITE	D REAL ESTATE SERVICE	O, INC.				1 28612011 118 1148 1148 1118 1118 1118	11 618 11 616 11 6161 1 61811 61811 81811 1881
•							
Principal Plac	e of Business	Mailing	Address				,
·			5 N.W. 154TH STREET				
S-400			S-400			į	
MIAMI LAKES FL 33016			MIAMI LAKES FL 33016			DO NOT WRITE IN THIS SPACE	
US			U\$			3. Date Incorporated or Qualified	
2. Principal Place of Business 2a			a. Mailing Address			12/30/1985 4. FEI Number	
21 26 Of Business 26			¬			59-2687436	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Not Applicable \$8.75 Additional
22			¬			5. Certificate of Status Desired	Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23 2			3			Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zìp		Count	у	8. This corporation owes or has paid	
24	25	29		30		Personal Property Tax due June 3	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RRIFI F ROBERT 81 Name							
BRIELE, ROBERT					Name		
7975 N.W. 154TH STREET SUITE 400				82	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI LAKES FL 33016				83	1		
MINISTERIAL CONTRACTOR					<u></u>		
				84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation						poration submits this statement for the pu	
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				TOTAL OLLIGIO			
	Signature, typed or printed name of registered a			TE: Registered Aç	ent signature requi	red when reinstating)	DATE
12.	VS OFFICERS A	ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	POIET C DODEST			1.1 TITLE			Change Addition
NAME	7075 LBM 454TH CTDEET C 400			1.2 NAME			
STREET ADDRESS	MANULANES EL 22046				T ADDRESS		
CITY-ST-ZEP TITLE	P		DELETE	1.4 CITY- 2.1 TIYLE	SI-ZIP		Change Addition
NAME	DODDICHEZ ADTISOO		2.2 NAME			Z Criange	
STREET ADDRESS	7075 NW 454 CTREET C 400			T ADDRESS			
CITY - ST - ZII?	BRANI AVEC EL 22046			2. 4 CITY-			
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	T ADDRESS		
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE	T ADDRESS		
CITY-ST-ZIP				4.4 CITY -	ST-ZIP		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP		 	DELETE	5.4 CITY -	ST-ZIP		Change Addition
TITLE			Las DECETE	6.1 TITLE			LI Grange LI Addition
NAME etacet annocee	•			6.2 NAME	L VDODEGG		
STREET ADDRESS CITY-ST-ZIP					F ADDRESS		
	artify that the information europlied	uith thin filling o	food not exalify:	6.4 CITY-		Section 119 07(3Vi) Elerida Statutos I fu	sethor portification the information

I nereby 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 eath; 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: