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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M38562 (8)  
1. Corporation Name  
CUTLER REALTY, INC.



Principal Place of Business Mailing Address  
9245 SW 157 ST 9245 SW 157ST  
SUITE 205 SUITE 205  
MIAMI FL 33157 MIAMI FL 33157-1975  
US US

2. Principal Place of Business 2a. Mailing Address  
21 20286 Old Cutler Rd. 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
City & State  
23 Miami, FL 33189 28  
City & State  
24 33189 25 USA 29  
Zip Country Zip Country 30

3. Date Incorporated or Qualified 09/17/1986 3a. Date of Last Report 04/26/1996  
4. FEI Number 59-2718283 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
SCHULER, MICHAEL K. 81 Name  
9030 RIDGELAND DR 82 Street Address (P.O. Box Number is Not Acceptable)  
MIAMI FL 33157 83  
84 City FL 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE PST 1.1 TITLE  
NAME SCHULER, MICHAEL K. 1.2 NAME  
STREET ADDRESS 9030 RIDGELAND DRIVE 1.3 STREET ADDRESS  
CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: 1/17/97 (305) 238-6453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)