

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 APR 27 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000075032 (1)**  
1. Corporation Name  
**D.F. REALTY, INC.**

Principal Place of Business      Mailing Address  
**3400 ONE BISCAYNE TOWER  
TWO SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**      **3400 ONE BISCAYNE TOWER  
TWO SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/28/1993**      **05/01/1994**  
4. FEI Number      Applied For  
**65-0461268**      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  
**VALDES-FAULI CORPORATE SERVICES INC  
3400 ONE BISCAYNE TOWER  
TWO SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |   |
|-----------------|---|
| TITLE           | <b>DS</b>                                       |
| NAME            | <b>DE FILIPPO, GIOVANNI</b>                     |
| STREET ADDRESS  | <b>ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD.</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>                                 |
| TITLE           | <b>DP</b>                                       |
| NAME            | <b>DE FILIPPO, GLAUCO</b>                       |
| STREET ADDRESS  | <b>ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD.</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>                                 |
| TITLE           | <b>DVP</b>                                      |
| NAME            | <b>DE FILIPPO, MAURO</b>                        |
| STREET ADDRESS  | <b>ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD.</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>                                 |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. (an attachment with an address.)

SIGNATURE: \_\_\_\_\_ DATE: **4/24/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR