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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078763 (8)

PRIME REALTY INVESTORS CORP. Principal Place of Business Mailing Address ATTN: JUDAH BURSTYN ATTN: JUDAH BURSTYN 2699 GOLLINS AVE., STE. 136 2699 COLLINS AVE., STE. 136 MIAMI BEACH FL 83140 MIAMI BEACH FL 33140-4719 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1993 10/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0478110 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199,032, ☐ Yes ☐ No 24 25 29 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BURSTYN, JODAH 2699 COLLINS AVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 136** MIAMI BEACH FL 33140 83 84 City Zıp Code 85 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) Signature, typed or printed name of registered agent and tale if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. DELETE TITLE 1.1 TITLE Change Addition **BURSTYN, JODAH** NAME 1.2 NAME 2818 COLLINS AVE STREET ADDRESS 1.3 STREET ADDRESS MB FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TOLF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4-2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Ido 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 1 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.

FILED

Jun 05 1997 8:00am

Secretary of State