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

PROFIT CORPORATION ANNUAL REPORT



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

1996	DIVISIO	DIVISION OF		
DOCUMENT #	P93000080558	(8		

DOCUN 1. Corporation	MENT # P9300	0080558 (3)						
,	N M. REALTY, INC.	_							
Principal Place	of Business	Mailing Address		• • • •		1			<i>(</i>
7005 N.W. 46		· •	7005 N.W. 46TH STREET						
MIAMI FL 331	66	MIAMI FL 33166					T		
						3. Date Incorporated or Qualified 11/22/1993		of Last R 0/06/19	
2. Principal Pla	ce of Business	2a. Mailing Address				4. ELI Number	<u> </u>		Applied For
21		26				65-0452864			Not Applicable
Suite, Apt. #	, etc.	Surte, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Flection Campaign Financing			May Be
23		28				Trust Fund Contribution	, U	•	d to Fees
Zip 24	Country 25	Zip 29	Coun	try:		8. This corporation has liability for i	ntang ble ta El No	ax under s	199.032,
	9. Name and Address of Currer		1301			10. Name and Address of New R		Agent	
			[6	31	Name				
DAIAGI,			Ē	32	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	scus dr. Dale fl 33009			33					
IINLLAIN	DALE FL 33009							85 21	
		1	34	City	FL			p Code	
or registere	d agent, or both, in the State of Florid	da. Such change was author	ized by the co	e nai	ned corporation's board	thon submits this statement for the pur d of directors. Thereby accept the appo	pose of cha	enging its i	registered office
familiar with	i, and accept the obligations of, Sect	ion 607.0505, Florida Statute	38.			/ 1			
SIGNATURE.	Squaturo i typed or printed non e of registered agent	and the it applicable (NOTE Bayshad A	بې د د ملي	geren o proci	Market Constraint (g)	DATE		
12.	OFFICERS AN		13.		 	ADDITIONS/CHANGES TO OFFI			
11'LF	P DAIAOL OTEVEN	☐ DELETE					[Change	Add tion
NAME STREET ADDRESS	DAIAGI, STEVEN 601 HIBISCUS DR.		1.2 NAM 1.3 STRI		ANDECC.				
C-TY-ST-ZiP	HALLANDALE FL								
TITLE		DELETE		2.1 TITLE				Change	Addition
NAME			2.2 NAM	1F					
STREET ADDRESS			2 3 S1RE	ET AD	DRESS				
CITY-ST-7IP		Florer	2.4 C*TY		7.F*			-	
TITLE		☐ DELETE	3 1 7 - 11				ι	Change	Addition
NAME STREET ADORESS			3.2 NAM		store e				
CITY - S1 - ZIP			3.3 STR 3.4 CITY						
THILE		DELETE	4 1 111				<u>_</u>	Charige	Addition
NAME			4.2 NAM	r			•	_ •	_
STHEET ADDRESS			4.3.51R8	EL AD	OHESS				
CITY-ST-ZIP			4.4 City	- ST-	71F)				· · · · · · · · · · · ·
1ITLE		[]] DELFTE	5 t Tilli				[Change	☐ Addition
NAME CAUCEL ADODGOS			5.2 NAM						
STAFEL ADDRESS			5.3 STRE						
CITY - ST - ZIP TITLE		[] DELETE	5.4 City 6.1 Hitu		'le'		г	Change	[] Addition
NAME			62 NAM					· · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			63 STRE		DRESS				;
CITY-S1-ZIP		······································	64 CITY			·			
14. I do hereby certify that t	certify that the information supplied the information indicated on this annu	with this filing is voluntarily full at eport or supplemental an	mished and de nual report is t	oes r true :	ot qualify for and accurate	r the exemption stated in Section 119.0 and that my signature shall have the :	7(3)(k), Flo same legal	rida Statut effect as if	es. I further made under

oath; that I am an officer or director cappears in Block 12 or Block 13 in ch or or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: