

**FILE NOW: FILING FEE AFTER MAY 1 IS \$150.00**

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**



CORPORATION  
 ANNUAL REPORT  
 1998

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

DOCUMENT # **P94000084534**  
 1. Corporation Name  
**GERSHDEIN REALTY INC**

Principal Place of Business Mailing Address  
**871 NW 195TH ST** **BERSTEL ROSEN ASSOC**  
**N. MIAMI DUT FL 33135** **19495 BISCAYNE BLVD #705**  
**BOVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	11/22/94	1997
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	65-0538071	Not Applicable
24. County	29. County	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. County	30. County	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEPHEN GERSHDEIN ESQ		81. Name	
3185 SW 8TH ST		82. Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33135		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 appointment of section 607.0505, Florida Statutes.			
SIGNATURE		DATE	
<i>[Signature]</i>		6/22/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2. NAME		
STREET ADDRESS	3. STREET ADDRESS		
CITY-STATE-ZIP	4. CITY-STATE-ZIP		
TITLE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6. NAME		
STREET ADDRESS	7. STREET ADDRESS		
CITY-STATE-ZIP	8. CITY-STATE-ZIP		
TITLE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10. NAME		
STREET ADDRESS	11. STREET ADDRESS		
CITY-STATE-ZIP	12. CITY-STATE-ZIP		
TITLE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	14. NAME		
STREET ADDRESS	15. STREET ADDRESS		
CITY-STATE-ZIP	16. CITY-STATE-ZIP		
TITLE	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	18. NAME		
STREET ADDRESS	19. STREET ADDRESS		
CITY-STATE-ZIP	20. CITY-STATE-ZIP		
TITLE	21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	22. NAME		
STREET ADDRESS	23. STREET ADDRESS		
CITY-STATE-ZIP	24. CITY-STATE-ZIP		

14. I certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information furnished on this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. This form and other information 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 Exhibit 1 of the report shall be an attachment with an address.

SIGNATURE: *[Signature]* DATE: 6/24/98  
 SIGNATURE TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PRES  
 FILE: 305-937-0116