

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000020808 (8)**

1. Corporation Name

**BLANCO REALTY INVESTMENTS, INC.**



Principal Place of Business Mailing Address  
~~205 WEST 28TH STREET~~ ~~205 WEST 28TH STREET~~  
~~DALE B. 33010~~ ~~XXXXXXXXXXXX~~  
**585 WEST 77 ST** **585 WEST 77 ST**  
**HIALEAH, FL 33014** **HIALEAH, FL 33014**

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

3. Date Incorporated or Qualified **03/14/1995** 3a. Date of Last Report  
 4. FEI Number **58-2248443** 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  
**BLANCO, ROBERTO**  
~~**205 WEST 28TH STREET**~~  
~~**HIALEAH FL 33010**~~

10. Name and Address of New Registered Agent  
 81 Name **ROLANDO BLANCO**  
 82 Street Address (P.O. Box Number is Not Acceptable) **585 WEST 77 ST**  
 83 **HIALEAH, FL 33014**  
 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 *M. Blanco* *Mercedes Blanco* DATE **7-5-96**  
Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLANCO, ROBERTO</b>	1.2 NAME	<b>ROLANDO BLANCO</b>
STREET ADDRESS	<del><b>205 WEST 28TH STREET</b></del>	1.3 STREET ADDRESS	<b>585 West 77 st</b>
CITY-ST-ZIP	<del><b>HIALEAH FL 33010</b></del>	1.4 CITY-ST-ZIP	<b>HIALEAH, FL 33014</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>SECRETARY</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>MERCEDES BLANCO</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>585 WEST 77 ST</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>200001919712</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-08/13/96--01025--029</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***225.00</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: *M. Blanco* DATE: **6-13-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

05 8/12/96