FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 May 01 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # P95000097666 (8)** 1. Corporation Name 144 REALTY & INVESTMENT CO., INC. Principal Place of Business Mailing Address 5201 BLUE LAGOON DR. 5201 BLUE LAGOON DR. SUITE 550 SUITE 550 3. Date incorporated or Qualified 3a, Date of Last Report MIAMI, FL 33126 MIAMI, FL 33126 12/22/1995 02/20/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0652262 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No Country Country Zip 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STEWART F. GROSS, Street Address (P.O. Box Number is Not Acceptable) 5201 BLUE LAGOON DR. 83 SUITE 550 Zip Code MIAMI, FL 3312 11. Pursuant to the provision 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered th. in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered per physical office or registered agen agent. I am familiar with SIGNATURE ited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE Change Addition DELETE JODY GROSS NAME 1.2 NAME 5201 BLUE LAGOON DR., SUITE 550 STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 1.4 CITY - ST - ZIP 33126 CITY - ST - ZIP TITLE 2.1 TITLE DELETE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - 2IP 2.4 CITY - ST - ZIP TITLE 3.1 TITLE Addition DELETE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP TITLE 4.1 TITLE Addition DELETE Change 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP TITLE 5.1 TITLE Addition DELETE Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - Z)P 9000021655. 6.1 TITLE TITLE -05/05/97--0104515669 ***165.00 DELETE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the Information copplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the celver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual rereceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name that I am an officer or director of the appears in Block 12 or Block 13 if char SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR