

FILED
Apr 26, 2000 8:00 am
Secretary of State

03-02-2000 90019 043 ***150.00

DOCUMENT # P97000075602

1. Entity Name
POPULAR REALTY CORP.

Principal Place of Business
1414 NW 107 AVE
SUITE-302
MIAMI FL 33172-5

Mailing Address
1414 NW 107 AVE
SUITE 302
MIAMI FL 33172-2742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SUITE 314

Suite, Apt. #, etc.
SUITE 314

City & State

City & State

4. FEI Number
65-0818084
Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALUM, HENRY
1414 NW 107 AVE
SUITE 302
MIAMI FL 33172-5

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows for Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, Change checkbox, and Addition checkbox.

13. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath...

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 (305) 470-8585
Date Daytime Phone #

CR2E034 (9/99)