

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jun 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000088883 (8)
1. Corporation Name
FLORIDA INVESTORS GROUP REALTY, INC.



Principal Place of Business 441 SE 4 STREET POMPANO BEACH FL 33060	Mailing Address 441 SE 4 STREET POMPANO BEACH FL 33060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1997	
21 3211 Ponce De Leon Blvd #204	26 Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country	30
22 CORAL GABLES FL	25 DADE	29	30	4. FEI Number 65-0790638	Applied For <input type="checkbox"/> Not Applicable
23 33060	25 DADE	29	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FIGUERAS, JUAN C 441 SE 4 STREET POMPANO BEACH FL 33060				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

1. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Pres, VP, Sec, Treasurer	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUAN C. FIGUERAS		12 NAME		
STREET ADDRESS	441 SE 4 ST		13 STREET ADDRESS		
CITY-ST-ZIP	Pomp Bch FL 33060		14 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

Handwritten signature/initials

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***150.00**

Handwritten signatures and initials at the bottom of the page.