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 # S37378 (4)

1. Corporation Name

SKY FOUR REALTY INC.

Principal Place of Business	Mailing Address
300 ARTHUR GODFREY RD SUITE 208 MIAMI BEACH FL 33140 US	300 ARTHUR GODFREY RD SUITE 208 MIAMI BEACH FL 33140 US

2. Principal Place of Business	2a. Mailing Address
21 16135 Biscayne Blvd.	26 16135 Biscayne Blvd.
Suite, Apt #, etc 22	Suite, Apt. # etc 27
City & State 23 Aventura, Fl.	City & State 28 Aventura, Fl.
Zip 24 33160 Country 25	Zip 29 33160 Country 30

3. Date Incorporated or Qualified: 03/13/1991
3a. Date of Last Report: 04/12/1995
4. FEI Number: 65-0312034 — 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**

ICKOWICZ, LEON EMANUEL
11377 S W 84 LANE
MIAMI FL 33178

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. **OFFICERS AND DIRECTORS**

TITLE	DPT	☐ DELETE
NAME	ICKOWICZ, LEON EMANUEL	
STREET ADDRESS	11377 SW 84 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	☐ DELETE
NAME	ICKOWICZ, CLEIDE	
STREET ADDRESS	11377 SW 84TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	☐ DELETE
NAME	LAMBOY, JOSE	
STREET ADDRESS	1855 W. 73RD PLACE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7/9/96 — Daytime Phone # (305) 940-3242

CR2E034 (3/96)

0070690 CP