

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S37378** (4)

1. Corporation Name  
**SKY FOUR REALTY INC.**

Principal Place of Business

**16135 BISCAYNE BLVD  
AVENTURA FL 33160  
US**

Mailing Address

**16135 BISCAYNE BLVD  
AVENTURA FL 33160-4337  
US**



3. Date Incorporated or Qualified <b>03/13/1991</b>	3a. Date of Last Report <b>07/16/1996</b>
4. FEI Number <b>65-0312034</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ICKOWICZ, LEON EMANUEL</b>	12 NAME	
STREET ADDRESS	<b>11377 SW 84 LANE</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	14 CITY- ST- ZIP	
TITLE	<b>VPS</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ICKOWICZ, CLEIDE</b>	22 NAME	
STREET ADDRESS	<b>11377 SW 84TH LANE</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	24 CITY- ST- ZIP	
TITLE	<b>VS</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBOY, JOSE</b>	32 NAME	
STREET ADDRESS	<b>1855 W. 73RD PLACE</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>HIALEAH FL 33014</b>	34 CITY- ST- ZIP	
TITLE		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		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		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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)