

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 # L54859 (8)

1. Corporation Name

REAL-142 CORP.



Principal Place of Business

Mailing Address

C/O J. LUIS QUINTANA ESO.
2333 PONCE DE LEON #1120
CORAL GABLES FL 33134

C/O J. LUIS QUINTANA ESO.
2333 PONCE DE LEON #1120
CORAL GABLES FL 33134

2. Principal Place of Business

21 **338 Minorca Avenue**

Suite, Apt. #, etc

22

City & State

23 **Coral Gables, FL**

Zip

24 **33134**

Country

25 **U.S.**

2a. Mailing Address

26 **338 Minorca Ave**

Suite, Apt. #, etc

27

City & State

28 **Coral Gables, FL**

Zip

29 **33134**

Country

30 **U.S.**

3. Date Incorporated or Qualified

03/05/1990

3a. Date of Last Report

02/13/1995

4. FEI Number

65-0359944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

QUINTANA, J. LUIS
2333 PONCE DE LEON BLVD.
PENTHOUSE SUITE 1120
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Quintana, J. Luis**
82 Street Address (P.O. Box Number is Not Acceptable)
338 Minorca Avenue
83
84 City **Coral Gables** FL 85 Zip Code **33134**

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 of registered agent and date of appointment

(NOTE: Registered Agent signature required when registering)

7/10/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVTD** ☐ DELETE
NAME **XIRAU, ANSELMO**
STREET ADDRESS **C/O 2333 PONCE DE LEON BLVD., STE. 1120**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ DELETE
NAME **QUINTANA, J. LUIS**
STREET ADDRESS **2333 PONCE DE LEON BLVD. #1120**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PVTD** ☐ Change ☐ Addition
12 NAME **Xirau, Anselmo**
13 STREET ADDRESS **C/O 338 Minorca Ave**
14 CITY-ST-ZIP **Coral Gables, FL 33134**

21 TITLE **S** ☐ Change ☐ Addition
22 NAME **Quintana, J. Luis**
23 STREET ADDRESS **338 Minorca Avenue**
24 CITY-ST-ZIP **Coral Gables, FL 33134**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96

DATE

DISPATCH NUMBER

CR2E034 (3/96)