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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M93874

(9)

RESOURCE REAL ESTATE GROUP, INC.

FILED
Apr 21 1998 8:00am
Secretary of State



| | | | | | <u> </u> | .A 010/1 010/1 017 | | |
|---------------------------|---|---------------------------------------|-----------------------|-----------|-------------------|--|-------------------------------|--------------------------------|
| Principal Place | e of Business | Mailing Address | Mailing Address | | | | | |
| 1444 BISCAYN | NE BLVD. | | 1829 TIGERTAIL AVENUE | | | | | |
| 220 MIAMI FL 33132 | | MIAMI FL 33133 US | | | | DO NOT WRITE IN THIS SPACE | | |
| US | J.E | 50 | | | | 3. Date Incorporated or Qualified 08/11/1988 | | |
| | ace of Business | 2a. Mailing Address | | | | 4. FEt Number | A | pplied For |
| 21 / 829 | Tigertail Ave | 26 | | | | | | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | 7 | Additional |
| 22 | | 27 | | | | O, Commodo de Camara Podero | | lequired |
| City & State | . * | | City & Stato | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| 23 MIG | 44) (1 , | 28 | | | | Trust Fund Contribution | | |
| Zip 3 3 13 | Country | 7tp Country | | | | B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ▼Yes □ No | | |
| 24 331 | 9. Name and Address of Currer | 29 | 30 | - | | 10. Name and Address of New Registered | | |
| 110 | | int itegratored regular | | 81 | Name | 10, (41110 2114 1114 1114 1114 1114 1114 1114 | | |
| | USTON, JAMES BRETT | | | | | | **** | |
| | 29 TIGETAIL AVE CONUT GROVE FL 33133 | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| Ç0 | CONUI GROVE FL 33133 | | | 83 | | | | |
| | | | | | | | | <u> </u> |
| | | | | 84 | City | FL | 85 Zip | Code |
| office or re agent I a | to the provisions of Sections 607.050 egistered agent, or both, in the State ni familiar with, and accept the oblig | e of Florida. Such change was | authorize | d by | the corpora | rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap | of changing i pointment as | its registered s registered |
| SIGNATURE | Signature, typed or pented name of regil tered ap- | cet and trie it applicable (NO | It Registere | d Age | nt signature requ | nired when reinstating) DATE | | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | R\$ IN 12 |
| TITLE | PD | DELETE | 11 TI | ILF | | | Change | Addition |
| NAME | HOUSTON, JAMES BRETT | 1.2 | | 1.2 NAME | | | | |
| STREET ADDRESS | 1829 TIGERTAIL AVE. | 1.3 STREET AL | | ADDRESS | | | | |
| CITY-ST-ZIP | COCONUT GROVE FL | ., , | 1.4 C/TY | | 1 - ZIP | | | |
| TITLE | | L DELETE 2 | | 2111/11.E | | | L Change | Addition |
| NAME | | | 22 N | AME | | | | |
| STREET ADDRESS | | | 2351 | TREE 1 | ADDRESS | | | |
| CITY-ST-ZIP | | , , , , , , , , , , , , , , , , , , , | | | 5T - 7(P | | T 6 | - 11777 |
| TITLE | | L_] DELETE | 3 1 Ti | | | | Change | Addition |
| NAME : | | | 3 2 N/ | | | | | |
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| NAME | | | 4 2 N | | ADDDEC: | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CF 5.1 TI | | 1 - 7 P | | Change | Addition |
| TITLE | | ן ועננונ | 5.1 II 5.2 N/ | | | | Shange | |
| NAME ADDRESS | | | | | ADDRESS | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 C0 6 1 T0 | | 1-1P | | Change | Addition |
| | | [_] better | 62 N/ | | | | | |
| NAME ATOTET ADDRESS | | | | | ADDDI CC | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | portify that the information consider | with this films does not qualify | for the exe | | | in Section 119 07(3)(i) Florida Statutes. I further of | ertify that th | e information |

14. I nereby 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.

ID H No. A T ROLL Handon Wholes 305 crestill