## 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 #

L54859

(8)

REAL-142 CORP.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address	I BADAI DIDIL DIDAH BIBAF IBDI
338 MINORCA AVENUE CORAL GABLES FL 33134 US  338 MINORCA AVE CORAL GABLES FL 33134 US  DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
03/05/1990	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0359944	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State City & State 6 Flection Campaign Financing	
City & State  City & State  6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 7:p Country 8. This corporation owes or has paid the cu	
24 25 29 30 Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent     10, Name and Address of New Registered	Agent
QUINTANA, J L   81   Name	
338 MINORCA AVE 82 Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134	
84 City	85 Zip Code
11. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of	
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 apparent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	pointment as registered
SIGNATURE Signature, typed or profited hance of tropistered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN	
TITLE DELETE 1.1 TITLE	Change Addition
NAME ORIOL, JOSE	
STREET ADDRESS CITY-ST-ZIP  1.3 STREET ADDRESS CORAL GABLES FL  1.4 CITY-ST-ZIP	
CITY-ST-ZIP CUNAL GABLES FL 1.4 GITY-ST-ZIP  TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2. 4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CHY-ST-ZIP         4.4 CHY-ST-ZIP           THILE         DELETE         5.1 THE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4 Library portion to be information of months that the information of the avanage of the state of the symmetries of the symmet	

4. 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 of suppliemental 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 residue of the corporation or the residue of the corporation of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open in administration with an address.

198- 441.03