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

PROFIT CORPORATION ANNUAL REPORT 1997 **DOCUMENT # 112336** HIALEAH REALTY CO. INC. Principal Place of Business 830 E 1ST AVE HIALEAH FL 33010

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED

Feb 18 1997 8:00am

Secretary of State

Mailing Address 830 E 1ST AVE HIALEAH FL 33010-4204 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1926 04/08/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-6062626 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes ☐ No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MURPHY, ROBERT S 830 E 1ST AVE Street Address (P.O. Box Number is Not Acceptable) 82 HIALEAH FL 33010 83 84 City Zip Code 85 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 prii fed name of registered agost and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition DELETE 1.1 TOLE THLE MURPHY.R S 1.2 NAME 830 E 1ST AVE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition □ DELETE 2.1 TITLE TITLE MURPHY, JOHN 2.2 NAME NAME 830 E 1ST AVE 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition TILE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE THEF NAME 5.2 NAME STREET AUDRESS **53 STREET ADDRESS** CHTV-ST-7IP 54 CITY - ST - ZIP Change Addition DELETE 6 1 THLE THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 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.