

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Montague Secretary of State 1900 BANK CENTER BUILDING TALLAHASSEE, FLORIDA 32399-0001
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DOCUMENT # 273924 (1)

J.I. KISLAK REALTY CORP. OF FLORIDA

Principal Officer - President C/O HOWARD J. BRAFMAN, ESQ. 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016-5812	Principal Officer - Secretary C/O HOWARD J. BRAFMAN, ESQ. 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016-5812
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21. Place of Incorporation 21 State of Florida	26. Mailing Address 26 State of Florida
22. State of Incorporation 22 State of Florida	27. State of Incorporation 27 State of Florida
23. City & State 23 City & State	28. City & State 28 City & State
24. City & State 24 City & State	29. City & State 29 City & State
30. City & State 30 City & State	30. City & State 30 City & State

3. Date of Incorporation or Qualification 09/20/1963	3a. Date of Last Report 03/29/1994
4. FIC Number 59-1026468	Applied For ☐ Not Applicable
5. Certificate of Status Expired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. Does corporation have liability for intangible tax under S. 190.031, Florida Statutes? ☒ Yes FEIN # 22-1039750	

9. Name and Address of Current Registered Agent BRAFMAN, HOWARD J. 7900 MIAMI LAKES DR. W. MIAMI LAKES FL 33016
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10. Name and Address of New Registered Agent 01. Name 02. Street Address (Only. Box Number is Not Acceptable) 03. 04. City FL 05. Zip Code
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11. Pursuant to the provisions of Sections 190.031, 190.032, and 190.033, Florida Statutes, the above named corporation hereby makes this statement for the purpose of changing its registered office to the address set forth in the Certificate of Change of Registered Office, and the corporation is bound by the provisions of Chapter 190, Florida Statutes, and the appointment of a registered agent.

SIGNATURE _____ **DATE** _____

12. OFFICER, ANNUAL REPORT	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY
01. NAME 02. STREET ADDRESS 03. CITY 04. STATE 05. ZIP CODE	01. NAME 02. STREET ADDRESS 03. CITY 04. STATE 05. ZIP CODE
06. NAME 07. STREET ADDRESS 08. CITY 09. STATE 10. ZIP CODE	06. NAME 07. STREET ADDRESS 08. CITY 09. STATE 10. ZIP CODE
11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE	11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE
16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE	16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE
21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP CODE	21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP CODE
26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP CODE	26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 190.031, Florida Statutes. Further, I certify that the information included in this annual report of 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 person or persons employed to prepare this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:  **APRIL 21, 1995 (305) 364-4213**
HOWARD J. BRAFMAN, VICE PRESIDENT