FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:28

DOCUMENT # 275532 (0)

1. Corporation Name
ASSOCIATES RLTY. CO.

Principal Place of Business	Mailing Address
10800 N.E. 6TH AVENUE MIAMI SHORES FL 33161 US	10800 N.E. 6TH AVENUE MIAMI SHORES FL 33161 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 155 N.W. 167 Street	26 155 N.W. 167 Street
Suite, Apt. #, etc. 22 #200	Suite, Apt. #, etc. 27 #200
City & State 23 North MIami Beach, Fl	City & State 28 North Miami Beach, Fl.
Zip 24 33169 / Country 25	Zip 29 33169 / Country 30

3. Date Incorporated or Qualified: 11/08/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1058308 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $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
CONDER, WILLIAM L.
10800 N.E. 6TH AVENUE
MIAMI SHORES FL 33161

10. Name and Address of New Registered Agent
81 Name: William L. Conder
82 Street Address (P.O. Box Number is Not Acceptable): 155 N. W. 167 Street
83 #200
84 City: NOrth MIami Beach, Fl. 33169 FL 85 Zip Code 33169

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 William L. Conder 4/25/95
NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	xx Change ☐ Addition
NAME	CONDER, WILLIAM L.	1 2 NAME	
STREET ADDRESS	10800 N.E. 6TH AVNEUE	1 3 STREET ADDRESS	155 N.W. 167 St., #200
CITY-ST-ZIP	MIAMI SHORES FL	1 4 CITY-ST-ZIP	North MIami Beach, Fl. 33169
TITLE	VD	2 1 TITLE	xx Change ☐ Addition
NAME	GEISLAND, RICHARD	2 2 NAME	NONE
STREET ADDRESS	19631 W LAKE DR	2 3 STREET ADDRESS	NONE
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	
TITLE	VD	3 1 TITLE	xx Change ☐ Addition
NAME	CRUZ, ESTHER	3 2 NAME	NONE
STREET ADDRESS	1500 NW 112 TERRACE	3 3 STREET ADDRESS	NONE
CITY-ST-ZIP	PEMBROKE PINES FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Conder 4/25/95 305-770-1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0174132 CP