

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 307387 (1)

1. Corporation Name

REAL REALTY INC



Principal Place of Business

2523 S.W. 19TH STREET
MIAMI FL 33145

Mailing Address

2523 S.W. 19TH STREET
MIAMI FL 33145

3. Date Incorporated or Qualified
07/21/1966

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1205465

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIGUEREDO, ROBERTO R
1149 SW 27TH AVE STE 205
MIAMI FL 33135

81 Name

Hector L. Cortina

82

Street Address (P.O. Box Number is Not Acceptable)

2523 S.W. 19 St.

83

84

City

Miami

FL

Zip Code

33145

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

Hector L. Cortina
Signature, typed or printed name of registered agent and title if applicable

Hector L. Cortina - V.P.

(NOTE: Registered Agent signature required when reinstating)

1/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME PEREZ, LOUIS F
STREET ADDRESS 1149 SW 27TH AVE STE 205
CITY - ST - ZIP MIAMI, FL 00000

1.1 TITLE

PT-D-VS

☒ Change

☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

Rolando I. Lamar

1.3 STREET ADDRESS

2523 S.W. 19 St

1.4 CITY - ST - ZIP

Miami, Fl. 33145

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

S-VP-D-T

☒ Change

☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME

Hector L. Cortina

2.3 STREET ADDRESS

2523 S.W. 19 St

2.4 CITY - ST - ZIP

Miami, Fl. 33145.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 30 - 996 (206) 642-1600

Date

Daytime Phone #

CR2E034 (12/95)