FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 327539   (3)

1. Corporation Name

DEIL REALTY, INC.

Principal Place of Business	Mailing Address
7827 N.W. 53RD STREET MIAMI FL 33166	7827 N.W. 53RD STREET MIAMI FL 33166-4103

3. Date Incorporated or Qualified **03/13/1968**	3a. Date of Last Report **02/06/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-1230676**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EISENBERG,STEWART 7827 N.W. 53RD ST. MIAMI FL 33166		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FL 85 Zip Code	

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 printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **EISENBERG, STEWART**		1.2 NAME		
STREET ADDRESS **7827 N W 53RD ST**		1.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI, FL 00000**		1.4 CITY-ST-ZIP		
TITLE **VTD**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **EISENBERG, DEAN**		2.2 NAME		
STREET ADDRESS **7827 N W 53RD ST**		2.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI, FL 00000**		2.4 CITY-ST-ZIP		
TITLE **VPD**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME **EISENBERG, NEIL**		3.2 NAME		
STREET ADDRESS **7827 NW 53RD STREET**		3.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL**		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 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		

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.

(305)

SIGNATURE: _~~signature~~_ STEWART EISENBERG 4/3/97 591-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT   Date   Daytime Phone #

CR2E034 (9/96)

0226726