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 # **358590** **(8)**

1. Corporation Name

CABRINI REALTY, INC.

Principal Place of Business	Mailing Address
~~9719 SOUTH DIXIE HIGHWAY~~ ~~SUITE #14~~ ~~MIAMI FL 33156~~	~~9719 SOUTH DIXIE HIGHWAY~~ ~~SUITE #14~~ ~~MIAMI FL 33156~~

2. Principal Place of Business	2a. Mailing Address
21 8209 S.E. Doubletree Drive	26 8209 S.E. Doubletree Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hobe Sound, Fl	28 City & State: Hobe Sound, Fl
24 Zip: 33455 — 25 Country: USA	29 Zip: 33455 — 30 Country: USA

3. Date Incorporated or Qualified: 01/23/1970
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-1294314 ☐ 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

DIVINCENZO, NICHOLAS
6701 SANTONA AVE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8209 S.E. Doubletree Drive
83
84 City: Hobe Sound, FL 85 Zip Code: 33455

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	ST	☐ DELETE
NAME	DIVINCENZO, NICHOLAS	
STREET ADDRESS	6701 SANTONA ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	☐ DELETE
NAME	DIVINCENZO, MARY JANE	
STREET ADDRESS	6701 SANTONA ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	8209 S.E. Doubletree Drive	
14 CITY-ST-ZIP	Hobe Sound, Fl 33455	
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	8209 S.E. Doubletree Drive	
24 CITY-ST-ZIP	Hobe Sound, Fl 33455	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: _____ Nicholas DiVincenzo - 3/5/96 - 407-286-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number