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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996 DIVISION OF COMPONATIONS						
1. Corporation		32 (6)		·			
FIRST	AMERICAN REALTY, INC.				4 (ADAM) 4 (A) (A) (A) (A) (A) (A) (A)		
Principa! Place	e of Business	Maling Address			# 100ft4 0101 00101 1100t 1100 1110	JU 1701 OSOST DIESI O	IBTO BIOLIF OF BUT BIJOH ODDI
147 ALHAMBRA CIR. #S-100 CORAL GABLES FL 33134		147 ALHAMBRA CIR. #S-100 CORAL GABLES FL 33134					
OVIET VIE	CEO 1E 0010 1	CONAL DADLES FL S	3134		2 Data bearagalast as Outlined		
					3. Date Incorporated or Qualified 05/15/1972	i	Last Report)1/1995
2. Principal Place of Business		2a. Mairing Address		4. FEI Number	<u>yers</u>	Applied For	
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		59-1401933		Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	2	City & State		6. Election Campaign Financing	г·ı	\$5.00 May Be	
Zip	Country	Zip Country		Trust Fund Contribution 8. This corporation has liability for	Ц	Added to Fees	
24	25 29 30		F		Florida Statutes 💹 Yes	: [] No	
	9. Name and Address of Curre	nt Registered Agent	81	1 Name	10. Name and Address of New F	legistered Age	ent
ROJAS,EDUARDO						· · · · · · · · · · · · · · · · · · ·	
147 ALF	IAMBRA CIR. #S-100	82			iress (P.O. Box Number is Not Acceptat	ile)	
CORAL	GABLES FL 33134		83	3		***************************************	
			64	4 City		F-1 (6	35 Zip Code
11. Pursuant t	o the provisions of Sections 607.050:	2 and 607.1508, Florida Statut	es, the above	I named corpo	uration submits this statement for the pur	FL pose of changi	na its registered office
familiar wit	ed agent, or both, in the State of Fior h, and accept the obligations of, Sec	ida. Such change was authoriz tion 607.0505, Florida Statules	red by the corp 3.	poration's boa	oration submits this statement for the pur and of directors. I hereby accept the appi	ointment as reg	istered agent. I am
SIGNATURE	Signature, typed or printed name of registerest agen		DTE: Plagratured Agr				
12,	OFFICERS AN	ID DIRECTORS	13.	JI adi at ne terkine	ADDITIONS/CHANGES TO OFF	DATE ICEHS AND DIE	RECTORS IN 12
TOLE NAME	PTD	DELETE 1.					hange
NAME. STREET ADDRESS	ROJAS,EDUARDO 3020 SW 77TH COURT		1.2 NAME				
CITY-ST-ZIP	MIAMI FL		1.3 STREEF ADDRESS 1.4 City-St-Zip				
TITLE	SD	DELFTE	2 1 TiTLE			[] 0	hange Addition
NAME	COHEN, HAROLD J		2.2 NAME				
STREET ADDRESS CITY-S1-ZIP	4651 S.W. 72ND AVENUE MIAMI FL		2 3 STREET ADDRESS				
111LE	Detrie		24 CITY- 3 1 THUE			L) c	hange Addition
NAME			3.2 NAME			~ بــا	isings [] Addition
STREET ADDRESS				.1 ADDRESS			
CITY-ST-7IP TITLE		[] DELFIE	3.4 CITY-1	ST-71P		···-	
NAME	Control		4.2 NAME			□ c	hange [Addition
STREET ADDRESS				I ADDRESS			
CHY-ST-ZIP			4.4 CITY-5	1			
TITLE NAME			5 1 THEF			[] C	hange 🔲 Addition
STREET ADDRESS			5.2 NAME	. sonoree			
CITY - S1 - ZIP			5.3 STREET 5.4 City - S				
TITLE		[]] DELETE				□ Ci	hange
NAME			6.2 NAME			_	, 1
STREET ADDRESS			6.3 STREET				
14. I do hereby	certify that the information supplied y	with this films is valuntarily form	6.4 CITY - S	i)-ZIP	or the parameter at the C. A.		· · · · · · · · · · · · · · · · · · ·

certify that the information supplied with this tiling 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

(301) 4 4809 d 3