

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 454915 (0)
1. Corporation Name
SOUTHEAST INVESTMENT REALTY CORPORATION OF MIAMI

95 JAN 18 PM 2:41

Principal Place of Business Mailing Address
MIAMI MIAMI
4105 PONCE DE LEON BLVD. 4105 PONCE DE LEON BLVD.
CORAL GABLES FL 33146-1419 CORAL GABLES FL 33146-1419

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1974** 3a. Date of Last Report **01/20/1994**
4. FEI Number **59-1638062** Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
DE MARTINO, NICK F.
4105 PONCE DE LEON BLVD.
CORAL GABLES FL 33146-1419

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
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13. TITLE ☐ Change ☐ Addition
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95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. 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 113 (07C98), 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 this 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 of changed or new as affected with an address.

SIGNATURE: *Sandra B. Morham* PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95 305 446-8500
Date Signature