

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -0 PM 12: 24

DOCUMENT # 466498

1. Corporation Name

MIAMI REALTY INVESTMENT CORPORATION

95 AUG -9 PM 12: 29

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

SUITE 232
1777 VENICE LANE
NORTH MIAMI FL 33181

SUITE 232
1777 VENICE LANE
NORTH MIAMI FL 33181

3. Date Incorporated or Qualified
12/23/1974

3a. Date of Last Report
10/11/1994

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

4. FEI Number
59-1730191

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

10. Name and Address of Now Registered Agent

**WOHL, MATTHEW
1777 VENICE LANE #232
NORTH MIAMI FLORIDA FL 33181**

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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	WOHL, MATTHEW	1777 VENICE LANE, #232	NO MIAMI FL
S	WOHL, TAMAR	1777 VENICE LANE, #232	NO MIAMI FL
V	WOHL, BENJAMIN	1777 VENICE LANE #232	N. MIAMI FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VP	WOHL, TAMARA	1777 VENICE LANE, #232	N. MIAMI FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	WOHL, BENJAMIN	1777 VENICE LANE #232	N. MIAMI, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Matthew Wohl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW WOHL, Pres.

6/12/95 (305) 891-8139

DATE

PHONE NUMBER

CF2E034 (3/95)