

CORPORATION
ANNUAL REPORT
1994 1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 MAY 10 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
REALTY ASSISTANCE CORP.

DOCUMENT #
501345 (3)

Mailing Address
% WAINBERG, ZIPPER, STRAUSS & CO
1426 BRICKELL AVE
MIAMI FL 33131
US

Principal Place of Business
% WAINBERG, ZIPPER, STRAUSS & CO
1426 BRICKELL AVE
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/16/1976

3a. Date of Last Report
07/08/1993

2. Mailing Address C/O BERNARD,
YEAGER, SHERBURNE & MISHKIN

2a. Principal Place of Business C/O BERNARD,
YEAGER, SHERBURNE & MISHKIN

4. FEI Number
59-1709838

Applied For
Not Applicable

22. Suite, Apt. #, etc.
300 Sevilla Ave., Ste. #311

27. Suite, Apt. #, etc.
300 Sevilla Ave., Ste. #311

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Election Campaign
Financing Trust
Fund Contribution ☐

23. City & State
Coral Gables, FL

28. City & State
Coral Gables, FL

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

\$5.00 May Be
Added to Fees

24. Zip
33134

25. Country
US

29. Zip
33134

30. Country
US

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

KLEIN, RONALD G.
901 N.E. 125TH STREET
NORTH MIAMI FL 33161

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P/O
SHAM KAMLANI
C/O Camille Claudel
1407 Broadway, Suite #1708

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
S/D New York, NY 10018
Kavita Kamlani
C/O Camille Claudel
1407 Broadway, Suite #1708

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
New York, NY 10018

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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****225.00 ****225.00

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, 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

Date

Daytime Phone

5/3/96

212-764-7048