

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **521629** (6)

1. Corporation Name

DEVON REALTY CORPORATION



Principal Place of Business

2305 NW 107TH AVENUE
SUITE 107
MIAMI FL 33172

Mailing Address

2305 NW 107TH AVENUE
SUITE 107
MIAMI FL 33172

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip Country 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip Country 30

3. Date Incorporated or Qualified
01/05/1977

3a. Date of Last Report
02/27/1995

4. FEI Number

59-1891153

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

LEIVA, MARIA CAMILA
2305 NW 107TH AVENUE, SUITE 107
MIAMI FL 33172

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 607.0505 and 607.1505, 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 of the person authorized to sign this statement

Signature of Registered Agent (signature required for change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEIVA, GERMAN	
STREET ADDRESS	2305 NW 107TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	LEIVA, MARIA C.	
STREET ADDRESS	2305 NW 107TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEIVA, MARIA C.	
STREET ADDRESS	2305 NW 107TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 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, 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:

German Leiva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
German Leiva, President/Director

1-19-96 (305) 591-4300
EXT. 159
Date Date/Time

CR2E034 (12/95)