

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **526456** (9)

1. Corporation Name

KEYES REALTY INTERNATIONAL, INC.

Principal Place of Business

**ONE SE THIRD AVE
11TH FLOOR
MIAMI FL 33131
US**

Mailing Address

**ONE SE THIRD AVE
11TH FLOOR
MIAMI FL 33131
US**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

02/23/1977

3a. Date of Last Report

05/01/1994

4. FET Number

59-1739855

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**

6. This corporation has liability for expenses for under 5% of sales.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22 City & State

27 City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREDLANDER, BRUCE D
ONE SE THIRD AVE
SUITE 1101
MIAMI FL 33131**

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 the 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 Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SMITH, FRED S
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	SVD
NAME	SHAW, RAYM M
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	DV
NAME	PAPPAS, TIMOTHY
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR
CITY, ST, ZIP	MIAMI FL
TITLE	T
NAME	SHAW, RAYM M
STREET ADDRESS	ONE SE THIRD AVE 11TH FLOOR
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
45 TITLE	☐ Change ☐ Addition
46 NAME	
47 STREET ADDRESS	
48 CITY, ST, ZIP	
49 TITLE	☐ Change ☐ Addition
50 NAME	
51 STREET ADDRESS	
52 CITY, ST, ZIP	
53 TITLE	☐ Change ☐ Addition
54 NAME	
55 STREET ADDRESS	
56 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(b), 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. 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:

Ray M. Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray M. Shaw 4/26/95

305-371-3592

Date

Expiry (Block 4)