

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

FL-1012  
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95 MAY -1 AM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                      |                                                                                   |                                                                                                    |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # **549642** (7)  
J.I. KISLAK REALTY CORP.

|                                                                                                                   |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O HOWARD J. BRAFMAN, ESQ.<br>7900 MIAMI LAKES DR W.<br>MIAMI LAKES FL 33016-5897 | Mailing Address<br>C/O HOWARD J. BRAFMAN, ESQ.<br>7900 MIAMI LAKES DR W.<br>MIAMI LAKES FL 33016-5897 |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

|                                   |                                   |                                                           |  |                                                      |  |                                                                                                                                                        |  |
|-----------------------------------|-----------------------------------|-----------------------------------------------------------|--|------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business    |                                   | 2a. Mailing Address                                       |  | 3. Date Incorporated or Reincorporated<br>10/20/1977 |  | 3a. Date of Last Report<br>03/29/1994                                                                                                                  |  |
| 21. State, Apt. # or City & State | 26. State, Apt. # or City & State | 4. FEI Number<br>59-1770619                               |  | Applied For                                          |  | Not Applicable                                                                                                                                         |  |
| 22. City & State                  | 27. City & State                  | 5. Certificate of Status Desired                          |  | <input type="checkbox"/>                             |  | \$8.75 Additional Fee Required                                                                                                                         |  |
| 23. City & State                  | 28. City & State                  | 6. Election Campaign Financing<br>Trust Fund Contribution |  | <input type="checkbox"/>                             |  | \$5.00 May Be Added to Fees                                                                                                                            |  |
| 24. City & State                  | 25. City & State                  | 29. City & State                                          |  | 30. City & State                                     |  | 8. This corporation has liability for intangible taxes under the Florida Statutes. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |

|                                                                                                                                   |  |  |  |                                                          |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>BRAFMAN, HOWARD J.<br/>7900 MIAMI LAKES DR. W.<br/>MIAMI LAKES FL 33016</b> |  |  |  | 10. Name and Address of New Registered Agent             |  |  |  |
| 81. Name                                                                                                                          |  |  |  | 82. Street Address (P.O. Box Number is best for updates) |  |  |  |
| 83. City                                                                                                                          |  |  |  | 84. State                                                |  |  |  |
|                                                                                                                                   |  |  |  | 85. Zip Code                                             |  |  |  |

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, this officer or director of the corporation hereby certifies that the information furnished for the purpose of changing its registered office is true and correct, and that the corporation is in good standing under the laws of the State of Florida.

SIGNATURE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                                           | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |  |
|----------------------------|---------------------------------------------------------------------------|--------------------------------------------------|--|
| NAME                       | DVS<br>BRAFMAN, HOWARD J.<br>7900 MIAMI LAKES DR W<br>MIAMI LAKES FL      | NAME                                             |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                   |  |
| CITY & STATE               |                                                                           | CITY & STATE                                     |  |
| NAME                       | CDP<br>KISLAK, JAY I<br>7900 MIAMI LAKES DR W<br>MIAMI LAKES FL           | NAME                                             |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                   |  |
| CITY & STATE               |                                                                           | CITY & STATE                                     |  |
| NAME                       | T<br>FLEISCHMAN, DAVID H<br>7900 MIAMI LAKES DRIVE WEST<br>MIAMI LAKES FL | NAME                                             |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                   |  |
| CITY & STATE               |                                                                           | CITY & STATE                                     |  |
| NAME                       | VCEO<br>GROSS, JAMES P.<br>7900 MIAMI LAKES DR W<br>MIAMI LAKES FL        | NAME                                             |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                   |  |
| CITY & STATE               |                                                                           | CITY & STATE                                     |  |
| NAME                       | C<br>OTTO, DEBRA C.<br>7900 MIAMI LAKES DR W<br>MIAMI LAKES FL            | NAME                                             |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                   |  |
| CITY & STATE               |                                                                           | CITY & STATE                                     |  |
| NAME                       | AVP<br>STEINBERG, LEE ANN<br>15105 NW 77 AVE 4TH AFL<br>MIAMI LAKES FL    | NAME                                             |  |
| STREET ADDRESS             |                                                                           | STREET ADDRESS                                   |  |
| CITY & STATE               |                                                                           | CITY & STATE                                     |  |

14. I hereby certify that the information supplied with this report is true and correct, and that I am not a director or officer of the corporation. If I am a director or officer of the corporation, I hereby certify that the information supplied with this report is true and correct, and that I am not a director or officer of the corporation.

SIGNATURE:   
HOWARD J. BRAFMAN, VICE PRESIDENT

1995 (305) 364-4213