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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 552458

(2)

CAINES REALTY, INC.

8382 S W 124 STREET MIAMI FL 33156

Principal Place of Business

8382 S W 124 STREET MIAMI FL 33156-5835

Maiting Address

FILED Apr 15 1997 8:00am Secretary of State



| | | | | | 3. Date incorporated or Qualified 12/02/1977 | | e of Last R 8/1996 | eport |
|---|---|---|---|---|---|---|----------------------------------|-------------------|
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Ap | plied For |
| 21 | | 26 | | 59-1827338 | | Not Applicable | | |
| Suite Apt # etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & Stat | le | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | May Be to Fees |
| Ζ(p 24 | Country 25 | Zip 29 | Count | ry | , retrost ettatate | Yes 🗌 |) No | . 199 032, |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Re | gistered A | gent | |
| CAT | NES, RAMONIA L | | 8 | 1 Name | | | | |
| 8382 SW 124TH ST MIAMI, FL | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIA 331 | - | | 8 | 3 | | | | |
| | | | 8 | 4 City | | FL | 85 Zip | Code |
| SIGNATURE | Soperation type of or product name of registered a OFFICERS A | agent and to e it applicable (NC IND DIRECTORS | TE Registered A | lgent signature rec | quired when reinstating) ADDITIONS/CHANGES TO OFF9 | DATE CERS AND | DIRECTOF | RS IN 12 |
| TOLE | PD | DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | CAINES, RAMONIA L | | 1.2 NAM | ur. | | | | |
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. Edo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information included 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bassessia L Cainer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 (305) 233-4171