FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627357 (7) 1. Corporation Name FINVARB REALTY, INC.						
Principa! Place of Business Mailing Address 9425 HARDING AVE. SURFSIDE FL 33154 SURFSIDE FL 33154 Principa! Place of Business Mailing Address 9425 HARDING AVE. SURFSIDE FL 33154						
					3. Date Incorporated or Qualified 3 06/25/1979	8a. Date of Last Report 01/25/1996
	ace of Business	2a. Mailing Address	·····		4. FEI Number	Applied For
21 Suite, Apt	# oto	Suite, Apt. #, etc.			59-1976435	Not Applicable 88.75 Additional
22	a, etc	27			5. Certificate of Status Desired	Fee Required
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Cour	New /	Trust Fund Contribution	
Ζιρ 24	Country 25	21p	30	ıır y	8. This corporation has liability for intar	ngible tax under s. 199.032, es : No
E-7]	9. Name and Address of Current		<u> </u>		10. Name and Address of New Regist	
	n, donald J.			81 Name		
627 71ST STREET			-	82 Street A	ddress (P.O. Box Number is Not Acceptable)	7.0.00
MIAN	AI BEACH FL 33141		}	83		
				84 City		FL 85 Zip Code
office or re	o the provisions of Sections 607 0502 agistered agent, or both, in the State on familiar with, and accept the obligation in the color of the color	of Florida, Such change was a	authorized	by the corpo	orporation submits this statement for the purp oration's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
	Signature, typicifier per tile name of ten stored agen OFFICERS AND			Agent signature re	· 1 · · · · · · · · · · · · · · · · · ·	DATE
12.	PD OFFICERS AND	DELETE	13.	LE T	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	FINVARB, HELEN		1.2 NA	ME		
STREET ADDRESS	9425 HARDING AVE.	,	1.3 ST	REET ADDRESS	22	
DITY-ST-7/P	SURFSIDE FL 33/50			Y - ST 2IP	33,	154
TITLE		☐ DELETE	2.1 ₹∤₹			Change Addition
NAME OFFICE APPROVAGE			2.2 NA			
STREET ADDRESS CHY-ST-ZIP			- 1	RFET ADDRESS TY-ST-ZIP		
TITLE		DELETE	3.1 TIT			Change Additio
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 STI	REET ADDRESS		
CITY - \$1-ZIP		Floriere		TY-ST-ZIP		A Section 1
TITLE		[_] DELETE	4.1 111			Change Additio
NAME STREET ADDRESS			4. 2 NA	AME REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	5.1 TIT			Change Additio
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY - ST - ZIF				Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT			Change Additio
NAM!			62 NA			
STREET ADDRESS CITY - ST - ZIP				REET ADDRESS TY-ST-ZIP		
14. I do horel	by certify that the information supplied	with this filing does not qual	ify for the	exemption sta	ated in Section 119.07(3)(i), Florida Statutes. I	further certify that the
Lam an o	in indicated on this annual report or si ficer or director of the corporation or in Black 12 or Black 13 if changed, or	the receiver or trustee empoy	vered to e	ccurate and t xecute this re	that my signature shall have the same legal ef port as required by Chapter 607, Florida Statu	ect as if made under oath; the ites; and that my name

SIGNATURE

January 14 1997 (305) 861-3333

FILED

Jan 23 1997 8:00am

Secretary of State