

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

FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 636038 (2)

1. Corporation Name  
MANGO REALTY, INC.

Principal Place of Business  
25400 SW 138TH AVE  
PO BOX 4282  
HOMESTEAD FL 33092  
US

Mailing Address  
P O BOX 924282  
PO BOX 4282  
HOMESTEAD FL 33092-4282  
US



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
09/13/1979

3a. Date of Last Report  
02/14/1996

4. FEI Number

59-1944946

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

LIEBMAN, J DAVID  
3226 PONCE DE LEON BLVD  
CORAL GABLES, FL  
33134

10. Name and Address of New Registered Agent

81 Name SHARON S. JONES

82 Street Address (P.O. Box Number is Not Acceptable)

83 3226 Ponce de Leon Blvd

84 City Coral Gables

FL

85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of President, Secretary, Treasurer, or Agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | VD                      | <input type="checkbox"/> DELETE |
| NAME           | ZUNJIC, BRANKO          |                                 |
| STREET ADDRESS | P O BOX 924282 N/A      |                                 |
| CITY- ST- ZIP  | HOMESTEAD FL            |                                 |
| TITLE          | STD                     | <input type="checkbox"/> DELETE |
| NAME           | PRICE, CW               |                                 |
| STREET ADDRESS | P O BOX 924282 N/A      |                                 |
| CITY- ST- ZIP  | HOMESTEAD FL            |                                 |
| TITLE          | AST                     | <input type="checkbox"/> DELETE |
| NAME           | LIEBMAN, J DAVID        |                                 |
| STREET ADDRESS | 3226 PONCE DE LEON BLVD |                                 |
| CITY- ST- ZIP  | CORAL GABLES FL         |                                 |
| TITLE          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | CRAWFORD, GALE S        |                                 |
| STREET ADDRESS | P O BOX 924282 N/A      |                                 |
| CITY- ST- ZIP  | HOMESTEAD FL            |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY- ST- ZIP   |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY- ST- ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY- ST- ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY- ST- ZIP  |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY- ST- ZIP  |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY- ST- ZIP  |   |

14. I do 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 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

305-288-0742

Date

Daytime Phone #

CR2E034 (9/96)