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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

SIGNATURE:

683596

(1)

ELIAS & CO. REALTY, INC.

Principal Place of Su 241 SEVILLA AVE #200 CORAL GARLES FL	siness	Mailing Address		-						
#200							BIAR BEDEF DIDIL DI		ALAEL OLDII 1901	
CORAL GARLES FI	#200		241 SEVILLA AVE #200 CORAL GABLES FL 33134							
CORAL GABLES FL 33134		CORAL GABLES				3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1980 03/07/1995			•	
Principal Place of	Business	2a. Mailing Addre	SS			4. FEI Number		Ĭ,	Applied For	
<u> </u>		26				59-2027384			Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #,	etc.			5. Certificate of Status Desired	<u></u>	Fee	Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be	
Ζρ	Country	Zip		Country		8. This corporation has liability for i	ntangible tax u			
i	25	29	30	30		Florida Statutes Yes No				
9.	Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered Ag	ent		
				81	Name					
ELIAS, OLGA	. M			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)			
8500 SW 861	TH CT.									
Miami FL 331	143			83						
				84	City			85 Z ₁	Code	
							FL_			
or registered ag		orida. Such change was a	uthorized by th			ration submits this statement for the pur rd of directors. I hereby accept the appo				
SIGNATURE		· · · · · · · · · · · · · · · · · · ·								
the second second second second	neity, ed or printed harne of registered ag	ent and the d'applicane. AND DIRECTORS		ered Agent 3.	signature require	d when reinstating: ADDITIONS/CHANGES TO OFF	DATE	DECTO	NDC (N. 12)	
12. III.£ P [DELE		1 Title		ADDITIONS/CHANGES TO OFF	···· · · · · · · · · · · · · · · · · ·	Change	Addition	
	LIAS, OLGA M			2 NAME			<u>.</u>	Ditango		
	500 SW 86TH COURT			.3 STREET	AT/DDE GC					
	IAMI, FL 00000			4 CITY - ST						
THEF	17 MH 1 L 00000	DELF		171116			П	Change	Addition	
sAMr		_	2	2 NAME						
SCHEEL ADDRESS			2	3 STREET	ADDRESS					
CITY ST. ZIF			2	4 CITY - ST	r-ZIP					
Tuft; F		DELE	TE 3	1 TITLE				Change	Addition	
MAZ.			3	2 NAME						
STREET ADDRESS			3	3 STREFT	ADDRESS					
CHY-S1-ZIP				4 CITY - ST	T- ZIP					
TOTES		DELE	TE 4	1 THILE	[Change	■ Addition	
VAM:			4	2 NAME						
STREET ADDRESS			4	.3 STREET	ADDRESS					
CITY - ST - ZIP				4 CITY-S	r-ZIP					
TI*LF		DELE		1 TIELE			L	Change	Addition	
NAME			i	2 NAME						
STHEFF ADDRESS				3 STHEET	1					
CID*+S1+ZIP		Finer		4 CITY - S	T-71P		Fil	Change	[T] Addition	
		DELE		1 TITLE				Change	Addition	
			6	2 NAME						
NAME.					ADC DEDA					
NAME STREET ADDRESS CHY SE 2IF				3 STREET						

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

30-4429766