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

141

1. Corporatio	CO. REALTY, INC.	Mailing Address							
241 SEVILLA AVE		241 SEVILLA AVE							
#200		#200 CORAL GABLES FL 33134-6600			1				
CORAL GABLE	S FL 33134	COHAL GABLES PL	33134-0000			3. Date Incorporated or Qualified 09/30/1980		te of Last Re)6/1996	eport
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 59-2027384			plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc 27	c.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	e	City & State				6. Election Campaign Financing	_	\$ 5.00	
23	Country	28 Zip		unkou		Trust Fund Contribution	<u> </u>	Added t	
Z _i p	Country 25	29	30	intry		This corporation has liability for i Florida Statutes	ntangible] Yes [199.032,
24	g. Name and Address of Curre		[30]	Ι		10. Name and Address of New Re			
ELIA	AS, OLGA M			81	Name				
8500 SW 86TH CT.				82	Street Addr	ess (P.O. Box Number is Not Acceptab	اما		
MIA	MI FL 33143			**	Oliebi Addi	ess (i.o. box Humber is Not Acceptab	,0)		
			ļ	83					
				84	City			85 Zip (Code
				1 [•		FL		
office or i agent 1 a						oration submits this statement for the p ion's board of directors. I hereby accep		intment as	registered
12.	Signature, typed or printed name of registered a OFFICERS A	DIRECTORS	(NOTE: Hagistara	o Agei	n eignature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDS AND	DIRECTOR	S IN 12
TITLE	PD	DELET DELET		TLE		Applitudaje i Anges Te Of Flo	LIIO AIL	Change	Addition
NAME	ELIAS, OLGA M		1.2 N		1	1			
STREET ADDRESS	8500 SW 86TH COURT				ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000			ITY-ST	1				
TITLE		☐ DEL€1						Change	Addition
NAME	J		2.2 N	AME	ļ				}
STREET ADDRESS			2.3 ST	TREET .	address				
C-TY - ST - ZIP			2.40	HTY-S	T-21P	·			
THYLE		DELET	TE 3.1 TI	TLE				Change	Addition .
NAME	}		3.2 N	AME	- 1				
STREET ADDRESS			3.3 ST	TREET	address				
CITY - ST- ZIP				ITY - S	T-ZIP				
THILE		☐ DELET						Change	Addition
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STREET ADDRESS			4.3 \$1	TREET	address				ļ
CITY - ST - ZIP				ITY - \$1	-ZIP			T 7	
TITLE		☐ DELET						Change	Addition
NAME			5.2 N		1				}
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Clare		ITY - \$1	-ZIP			T 101	Lagren
TITLE	i	☐ DELE	E 6.1 T	HLE	I .			Change	Addition

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 if changed or man attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTEE

FILED

Feb 10 1997 8:00am

Secretary of State