SECOND NOT	ICE: CORPORATION	WILL BE DIS	SOLVED EG. MINIM	ON OR AF	TER AL	JQU REII	8T 9, 1	995. 1375)						
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$3  PROFIT  FLORIDA DEPARTMENT OF STATE												y la		
CORPORATION Sandra B. I ANNUAL REPORT Secretary									٠		Section 5	TICED	-	i
1995 DIVISION OF CO							ONS			0	SECRE	TARY O	F STATE PORATION	4S
DOCUMENT # F10576 (9)											95 JUN	14 /	M 9: 1L	;
EQUITABLE REALTY CO.														
L. GOITTL	SEE HEALTH OO.													
Principal Place	of Business		Mailing Add	dress										
250 VALENCIA AVENUE 250 VALENCIA AVENUE CORAL GABLES FL 33134 CORAL GABLES FL 33134											·= <del>-=</del>			·
CORAL GABLES FL 33134 CORAL GABLES FL 33134									DO NOT WRITE IN THIS SPACE.  3. Date incorporated or Qualified 3a. Date of Last Report					$\dashv$
			\$ 4 - 7P	<del></del>					11/19/1980	<u> </u>	1	19/1994	4	_ ^
2. Principal Pt	ace of Business	<u></u>	2a. Mailing	Address					4. FEI Number 59-208930	4		— —	Applied For Not Applicab	le
Suite, Apt. (	#, etc.		Suite, A	pt. #, etc.					5. Certificate of S	tatus Desired			Additional Required	
City & State	<del></del>	2	City 8.5	State					6. Election Camp	aign Financing			0 May Be	7
23 Žip	Country	2	8] Zip		! Ca	יר זורוע			Trust Fund Co		i ir dara a da da da		tea cor.	
24	25	9 30						Florida Statute	s 🗍 Ye	s 🗌 No			_	
	9. Name and Addre	ss of Current Re	gistered Ag	ent		61	Name		10. Name and Ad	Idress of New!	Registered	Agent		$\dashv$
MILLER, M						62	Street A	ddres	s (P.O. Box Number	r is Not Accepta	ible)			$\dashv$
	NCIA AVENUE ABLES FL 33134					83							<del></del>	
OUIPE OF	ADDES 1 E 00104					В4	City					85 Zi	p Code	$\dashv$
11 Pursuant to	o the provisions of Section	ns 607 0502 and	607.1508.	londa Statute	s, the abo	ove-r	amed cor	porati	on submits this state	ement for the pu	FL urpose of ch	apoino its i	registered off	ice
Or renietore	o the provisions of Sections of Sectins of Sections of Sections of Sections of Sections of Sections of	State of Florida, Si	ich change	was authorize	3d by the	согр	oration's t	ooard (	of directors. I hereby	y accept the app	pointment as	registered	l agent. I am	
SIGNATURE _	Signature, typed or printed name (	of registered agent and to	e if applicable	(NO)	TE Rogistere	i Agon	d signature rec	quired wi	hen ranstaling)		DATE			-   _
12.	0	FFICERS AND DIF			13.	idh t		_	ADDITIONS/CI	HANGES TO OF	FICERS AND	DIRECTO Chang		3/95)
TITLE	PD   Miller, George D	AVID			128							Oy		34 (
STREET ADDRESS	250 VALENCIA AVE						address							12E034
CITY - ST - ZIP	CORAL GABLES FL				211	ITY S	1 - ZIP					Chang	e Additi	
NAME					22 N	AME								
STREET ADDRESS CITY - ST - ZIP							ADDRESS 1- ZIP							
TITLE					311	_						Chang	e 🔲 Additi	on
NAME					32 N		ADDRESS							
STREET ADDRESS CITY ST ZIP						IIY - S					_			
TITLE				<u>-</u>	411							Chang	e Additi	on
NAME STREET ADDRESS					42 N		ADDRESS							
CITY - ST - ZIP					_	ITY - S	1 - ZIP					Chang	e Additi	00
TITLE NAME					511 521							Chang		·
STREET ADDRESS					538	IREET	ADDRESS							
CITY-ST ZIP					540	ITY - S	1 - 214	<del></del>				Chang	e Additi	on
NAME					621							_	_	
STREET ADDRESS							ADDRESS							
14. I do horeb	 y cortily that the informat	lion supplied with t	his filing is v	oluntarily furni	abad and	doo	2 22 2 20	ly for	the exemption state	d in Section 119	0.07(3)(k), Flo	vida Slatu	los. I further	$\dashv$
Cortify that Onth; that appears in	i ine information indicator I am an officer or directo i Block 12 ar Block 13 if	u on inis annual ro r of the corporation changed, or on an	port or sup); a or the rect attachment	over or tusted with an addre	ьы гироп Э өтрөжі өвө.	rod f	io execute	o this n	oport as required by	Chapter 607, F	Torida Statu	los; and th	at my name	
14. To hardy certify that the information supplied with this filling is wountainy to this description is described in 150,000 for the certify that the information indicated on this annual report or true and accurate and that my signature shall have the same legal effect as if made under onth; that I am an afficer 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 chapted, or on an attachment with an address.														
SIGNATURE: GIGNATURE AND TYPED ON BEATTLE MANAGE BIGNING OFFICER ON DIRECTOR  George D. Miller, President												-		
	George	D. Mill	er, I	reside	ent							70177		