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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F56050
NINE ISLAND AVENUE REALTY, INC.

(0)

FILED
May 08 1998 8:00am
Secretary of State



Principal Place of Business Mailing			4 SOOTION STALL BEING BINST BOOK BINST BOOK BINST BINS	
200 S.E. 1ST STREET. STE. #703 MIAMI FL 33131	200 S.E. 1ST STR MIAMI FL 33131	EET, STE. #703		
			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified 11/23/1981	
2. Principal Place of Business	2a. Mailing Addres	SS	4. FEI Number	Applied For
21	26		59-2199603	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, e	ic.		\$8.75 Additional
22 Ch. F State	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	·····	Trust Fund Contribution	Added to Fees
Zip Count	try Zip	Country	8. This corporation owes or has paid the cur	
24 25	[29]	30		_Yes ☐ No
g, Name and Addr	ess of Current Registered Agent		10. Name and Address of New Registered	Agent
·		81 Name		
Jacqueline	Simkin	82 Street A	dress (P.O. Box Number is Not Acceptable)	
200 S.E. 1s	st Street, #703	83		
Miami, FL 3	33131	84 City		85 Zip Code
			<u>FL</u>	
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 obligation of Section 607.0505, Florida Statutes.				
SIGNATURE Signally the appropriate of the months again and life it specified (NOTE Registered Agent signature required when reinstaling). DATE				
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE C	DELE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME SIMKIN, JACQUE		1.2 NAME		
STREET ADDRESS 200 SE 1ST ST.,		1		
1	31E 103	1.3 STREET ADDRESS		
	T price	1.4 CITY-ST-ZIP		
··· ··	☐ DELE	1 ' ''		☐ Change ☐ Addition
NAME SHAPIRO, MARTI		2.2 NAME		
STREET ADDRESS 767 ARTHUR GO		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI BEACH FL		2. 4 CITY - ST - ZIP		
TITLE	☐ DELE	TE 3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DELE			☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY+ST-Z#P		4.4 CITY-ST-ZIP		
TITLE	☐ DELE			☐ Change ☐ Addition
NAME	<u></u>	5.2 NAME		
STREET ADDRESS				
		5.3 STREET ADDRESS		
CITY-SI-ZIP	DELE	5.4 CITY-ST-ZIP		Change
TITLE	UELE			☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADORESS		63 STREET ADDRESS		
OITY OT THE				I

14. I 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 on an attachment with an address.

SIGNATURE: * KURUL Sur MIMMUM

CR2E034 (10/9