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

1. Corporation I	MENT # F9400 Name IMMOBILIEN- MAKLER- U		• •)							
Principal Place of Business 75 VALENCIA AVENUE STE 1002 CORAL GABLES FL 33134		C 5	Mailing Address C/O HELGA KELM 515 MADISON AVENUE							• • • • • • • • • • • • • • • • • • • •	
CORAL GABLE	S FL 33134	N	IEW YORK NY 10022				3. Date incorporated or Qualified		ate of Las		ort
		r a					07/12/1994 4. FEI Number		1/09/19		
2. Principal Plac 21	ce of Business	2a. 26	Mailing Address				13-3863891				plied For at Applicable
Suite, Apt. #	i, etc.		Suite, Apt. #, etc.						\$8.		Additional
22	,	27	• •				5. Certificate of Status Desired				quired
City & State			City & State				6. Election Campaign Financing				Мау Ве
23		28		T			Trust Fund Contribution				lo Fees
Zip 24	Country 25	29	Zip	Count	ıry		8. This corporation has liability fo Florida Statutes	rintangible s □No	tax unde	rs 1	99.032,
E4	9. Name and Address of Curre	L J .	tered Agent	[3 <u>6]</u>			10. Name and Address of New		d Agent		
			· makasan na ten	į	31 r	Name					
MANDELL, LEE P.A.						Street Addre	ddress (P.O. Box Number is Not Acceptable)				
	NCIA AVE., STE. 1002										
CORAL G	ABLES FL 33134			8	33						
				E	34 (City			B 5	Žip (Code
11 Duran and to	a the are inione of Castiana 607 050	00 and 60	7 1509 Elocido Statut	on the elemen		and owner	ation submits this statement for the o	F		ite rec	sictored office
or registere	od agent, or both, in the State of Fio	orida. Such	i change was authoriz	ed by the co	rpora	ation 2 bosin	ation submits this statement for the p d of directors. I hereby accept the ap	pointment	as registe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
familiar with	od agent, or both, in the State of Flo h, and accept the obligations of, Se Stynature, typed or pricted hame of registered age OFFICERS A	ection 607.	0505, Florida Statutes	5 .			d of directors. I hereby accept the ap inher reinstating. ADDITIONS/CHANGES TO OF	DATE			
familiar with	h, and accept the obligations of, Sei Stynature, typed or printed hame of registered ago OFFICERS A	ection 607.	0505, Florida Statutes	i. I E. Registerad A	gent se		when reinstating)	DATE		OTOR	
familiar with SIGNATUREs	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR	ection 607. ent and title if	0505, Florida Statutes applicable (NC DTORS	i. iii E Ringisterad A	gent se		when reinstating)	DATE	ND DIREC	OTOR	S IN 12
Familiar with SIGNATURE SIGNATURE SIGNATURE SITUE NAME STREET ADDRESS	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	0505, Florida Statutes applicable (NC DTORS	13. 1.1 TUI 1.3 STR	gent se LE /E EF1 AD	gnature required	when reinstating)	DATE	ND DIREC	OTOR	S IN 12
Familiar with SIGNATURE 5 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR	ection 607. ent and title if	0505, Florida Statutes aprikable (NC DTORIS	1.2 NAM 1.3 STR	gent se LE /E EE1 AD /-S1-2	gnature required	when reinstating)	DATE	ND DIREC	CTOR	S IN 12
Familiar with SIGNATURE 5 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	0505, Florida Statutes applicable (NC DTORS	13. 1.1 TIII 1.2 NAM 1.3 STB 1.4 CIII 2.1 TIII 2.2 TIIII	gent se LE /E EF1 AD /-S1-2	gnature required	when reinstating)	DATE	ND DIREC	CTOR	S IN 12
Familiar with SIGNATURE SIGNATURE SITURE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	0505, Florida Statutes aprikable (NC DTORIS	13. 1.1 TITI 1.2 NAM 1.3 STR 1.4 CIII 2.1 TITI 2.2 NAM	gent se LE AE EF1 AD 7-S1-2 LE	gnature required DDRESS	when reinstating)	DATE	ND DIREC	CTOR	S IN 12
Familiar with SIGNATURE SIGNATURE STILL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	0505, Florida Statutes aprikable (NC DTORIS	13. 1.1 THI 1.2 NAN 1.3 STR 1.4 CH 2.2 NAN 2.3 STR 2.3 STR 2.3 STR 2.3 STR	gent se LE LE EF1 AD (-S1-2 LE ME EET AD	onature required ODRESS ZIP	when reinstating)	DATE	ND DIREC	CTOR	S IN 12
Familiar with SIGNATURE SIGNATURE SITURE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	0505, Florida Statutes aprikable (NC DTORIS	13. 1.1 TITI 1.2 NAM 1.3 STR 1.4 CIII 2.1 TITI 2.2 NAM	Grant signal LE /E EFT AD /-ST-2 LE /E EET AD /-ST-2	onature required ODRESS ZIP	when reinstating)	DATE	ND DIREC	OTOR ige	S IN 12
Familiar with SIGNATURE SIGNATURE STILL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrikank: [NC TORIS DELETE DELETE	18. 1.1 THI 1.2 NAM 1.3 STR 1.4 CH1 2.2 NAM 2.3 STR 2.3 STR 2.4 CH 2.3 STR 2.4 CH 2.4	Gent Se	onature required ODRESS ZIP	when reinstating)	DATE	ND DIREC Chan	OTOR ige	S IN 12 Addition Addition
Familiar with SIGNATURE SIGNATURE STATE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrikank: [NC TORIS DELETE DELETE	13. 1.1 TIII 1.2 NAN 1.3 STR 1.4 CIIV 2.2 NAN 2.3 STR 2.4 CIIV 3.1 TIII 3.2 NAN 3.2 NAN 3.3 STR 3.3 ST	LE AE EEFI AD LE	onature required ODRESS ZIP	when reinstating)	DATE	ND DIREC Chan	OTOR ige	S IN 12 Addition Addition
Familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrikank: [NC TOFIS DELETE DELETE	13. 1.1 TIII 1.2 NAN 1.3 STR 1.4 CIIV 2.2 NAN 2.3 STR 2.4 CIIV 3.1 TIII 3.2 NAA 3.3 STR 3.4 CIIV 3.4 C	LE VE EEFI AD Y-SI-2 LE ME EEFI AD HE HE ME HE HE HE HE HE HE HE	ODRESS ZIP DDRESS ZIP	when reinstating)	DATE	ND DIRECT Chan	DTOR ige	S IN 12 Addition Addition Addition
Familiar with SIGNATURE SIGNATURE STACET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrikank: [NC TORIS DELETE DELETE	13. 1 TIII 12 NAM 1.3 STR 24 CITY 3 1 TIII 32 NAM 33 STR 34 CITY 4.1 TIII	GOOD SECOND	ODRESS ZIP DDRESS ZIP	when reinstating)	DATE	ND DIREC Chan	DTOR ige	S IN 12 Addition Addition
Familiar with SIGNATURE SIGNATURE STAR STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrikank: [NC TOFIS DELETE DELETE	13. 1 TIII 12 NAM 23 SIR 24 CID 3 1 TIII 32 NAM 33 SIR 34 CRD 4. 1 TIII 4.2 NAM 4.1 TIII 4.2 NAM 4.1 TIII 4.2 NAM 4.1 TIII 4.2 NAM 4.1 TIII 4.2 NAM	GOOD SECOND	ODRESS ZIP DDRESS ZIP DDRESS ZIP	when reinstating)	DATE	ND DIRECT Chan	DTOR ige	S IN 12 Addition Addition Addition
Familiar with SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrikank: [NC TOFIS DELETE DELETE	13. 1.1 TIII 1.2 NAM 1.3 STR 1.4 CIII 2.2 NAM 2.3 STR 2.4 CIII 3.2 NAM 3.3 STR 3.4 CIII 4.1 TIII 4.2 NAM 4.3 STR 4.3 STR	LE VE EFFI AD OFFI	ODRESS DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	DATE	ND DIRECT Chan	DTOR ige	S IN 12 Addition Addition Addition
Familiar with SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrikank: [NC TOFIS DELETE DELETE	13. 1 TIII 12 NAM 23 SIR 24 CID 3 1 TIII 32 NAM 33 SIR 34 CRD 4. 1 TIII 4.2 NAM 4.1 TIII 4.2 NAM 4.1 TIII 4.2 NAM 4.1 TIII 4.2 NAM 4.1 TIII 4.2 NAM	LE AE EFFI AD FFFI	ODRESS DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	DATE	ND DIRECT Chan	CTOR ge ge	S IN 12 Addition Addition Addition
Familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrivative (NC TOFIS DELETE DELETE	13. 1.1 TIII 1.2 NAN 1.3 STR 2.4 CITY 3.1 TIII 3.2 NAA 3.3 STF 3.4 CITY 4.2 NAM 4.3 STR 4.4 CITY 4.2 NAM 4.3 STR 4.4 CITY 4.4 CIT	GONT SECTION OF THE PROPERTY O	ODRESS DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	DATE	ND DIRECT Chan Chan Chan	CTOR ge ge	S IN 12 Addition Addition Addition Addition
familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrivative (NC TOFIS DELETE DELETE	13. 1.1 TIII 1.2 NAN 1.3 STR 1.4 CIII 2 NAN 2 STR 2.4 CIII 3 1 TIII 32 NAN 33 STR 4 CIII 4.1 TIII 4.2 NAN 4.3 STR 4.4 CIII 5.1 TIII	GUNT SE LE LE LE LE ME EELI AD LE LE ME LE LE LE LE LE LE LE	ODRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	when reinstating)	DATE	ND DIRECT Chan Chan Chan	CTOR ge ge	S IN 12 Addition Addition Addition Addition
Familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrivative (NC TOFIS DELETE DELETE	13. 1.1 TIII 1.2 NAM 1.3 STR 1.4 CIII 2.2 NAM 2.3 STR 2.4 CIII 3.1 TIII 3.2 NAM 3.3 STF 4.1 TIII 4.2 NAM 4.3 STR 4.4 CIII 5.1 TIII 5.2 NAM	GET AD LE AE EFI AD AE EEL AD LE AE AE LE AE A	ODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	when reinstating)	DATE	ND DIRECT Chan Chan Chan	CTOR ge ge	S IN 12 Addition Addition Addition Addition Addition
Familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes arrivative (NC TOFIS DELETE DELETE	10 E Prograferaci A 13. 1.1 TITI 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITI 2.2 NAM 2.3 STR 2.4 CITI 3.1 TITI 3.2 NAM 3.3 STR 3.4 CITI 4.2 NAM 4.3 STR 4.4 CITI 5.1 TITI 5.2 NAM 5.3 STR	LE L	ODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	when reinstating)	DATE	ND DIRECT Chan Chan Chan	ctors ige	S IN 12 Addition Addition Addition Addition
Familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes ATTIONS DELETE DELETE DELETE	13. 1.1 TIII 1.2 NAM 1.3 STR 1.4 CIII 2 NAM 2.3 STR 2.4 CIII 3.1 TIII 3.2 NAM 3.3 STF 4.1 TIII 4.2 NAM 4.3 STR 4.4 CIII 5.1 TIII 5.2 NAM 5.3 STR 5.4 CIII 5.3 STR	LE L	ODRESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	when reinstating)	DATE	ND DIRECT Chan Chan Chan	ctors ige	S IN 12 Addition Addition Addition Addition Addition
Familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	h, and accept the obligations of, Sei Stynature, typed or pricted name of registered agr OFFICERS A C WAGNER, VIKTOR 6767 COLLINS AVE., STE. 1	ection 607. ent and title if	OSOS, Florida Statutes ATTIONS DELETE DELETE DELETE	10 E Prograferaci A 13. 1.1 TITI 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITI 2.2 NAM 2.3 STR 2.4 CITI 3.1 TITI 3.2 NAM 3.3 STR 3.4 CITI 4.2 NAM 4.3 STR 4.4 CITI 5.1 TITI 5.2 NAM 5.3 STR 5.4 CITI 6.1 TITI 6.1 TITI 6.1 TITI 6.1 TITI	LE L	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	when reinstating)	DATE	ND DIRECT Chan Chan Chan	ctors ige	S IN 12 Addition Addition Addition Addition Addition

carity that the minimization on this annual report or supplemental annual report is true and according that may signature shall have the same legal effect as it made three cath, 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:

Kelm, Treas. 5/9/96