2005 FOR PROFIT CORPORATION

## **FILED**

	ANNUAL R	EPORT		Apr 25, 2005 08:00 Secretary of Stat	) ,
DOCUMENT # F9600005245				Secretary of Stat	te
1. Entity Nam	<sup>18</sup> MERICAÑ REAL ESTATE, INC				
•		Mailing Address			
3690 N.W. 6 MIAMI, FL 3		3690 N.W. 62ND STREET Miami, FL 33147			
			6 · · · · ·		
DO NOT WRITE IN THIS SPACE				02112005 No Chg-P CR2E034 (10/03)	
			CE	4. FEI Number Applied For	_
]				65-0704215 ✓ Not Applicate  5. Certificate of Status Desired   \$8.75 Additional	ole
	6. Name and Address of Current Regi	stored Agent		5. Certificate of Status Desired Fee Required	
000000		atorca ngone			
1201 HAY	ATION SERVICE COMPANY S STREET	= -		DO NOT WRITE	
TALLAHAS	SSEE, FL 32301-2525			IN THIS SPACE	
		purpose of changing its register	d office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	pt
	lions of registered agent.				
SIGNATURE.	Signature, typed of printed name of registered agent and little	if applicable. (NOTE Registere	d Agent signature required	d when reinstating) DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS AND DIRE	CTORS			_
TITLE NAME	PD SUAREZ, DIEGO R				
STREET ADDRESS	3690 N.W. 62ND STREET	•		• • •	
CITY-ST-ZIP	MIAMI, FL 33147			and the second of the second o	
NAME	SUAREZ, PEDRO R		İ	U00000329104 04/25/05-80103-019 150.00	
STREET ADDRESS CITY - ST - ZIP	3690 N.W. 62ND STREET MIAMI, FL 33147			04/25/00 00105 015 100:00	
3,171,7	S				
NAME STREET ADDRESS	GENAUER, MARTIN J 2 ALHAMBRA PLAZA SUITE 1202				
CITY+ST-ZIP	CORAL GABLES, FL 33134	eron		<u>DO NOT</u> WRITE	
TITLE NAME	AS GONZALEZ, DULCE M			IN THIS SPACE	
STREET ADDRESS	3690 N.W. 62ND STREET				
CITY-ST-ZIP	MIAMI, FL 33147	<u> </u>		· · · · · · · · · · · · · · · · · · ·	-
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE			Ĭ		
NAME STREET ADDRESS					
CITY-ST-ZIP					

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: \_

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR