

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001687

1. Corporation Name

38 DIVERSIFIED REALTY CORP.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90139 044 ***150.00



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Principal Place	e of Business	Mailing Address						
310 MADISON AVE STE. 1422 310 MADISON AVE STE. 14								
NEW YORK NY 10017		NEW YORK NY 10017			DO NOT WRITE IN	THIS SPAC	Ε	
					3. Date Incorporated or Qualifed			
					04/02/1997			
2. Principal P	lace of Business	2a. Mailing Address		Λ. σ	4. FEI Number		App	lied For
21 350	LEVANCION FUE	26 350 LEFINE	6402	AVE	13-3621113		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	_	5. Certifcate of Status Desired	•		lditional
	te 202		07				ee Req	
City & Stat	te la	City & State	, i		6. Election Campaign Financing		5.00 N	
23 NC	70 40 × 12	28 NEW YOAL	Country		Trust Fund Contribution			rees
Zip N	Country 25 (00 16	Zip N V		20160	This corporation owes the current yes Personal Property Tax.	ar intangibi Y∈		ĮΣN₀
24	9. Name and Address of Current	29 30	1	<u> </u>	10. Name and Address of New Regist			
	- 3. Marile and Address of Current	Leanstelen Warit -	81	Name	to the same that the same of the same that t			
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD					(D.O. Daw Niverbook Mark Association			
				82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32802			83					
				04.			Zin C	de
			84	City		FL 85	Zip Co	oue
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the above	-named corpo	pration submits this statement for the purpo	se of chang	ing its r	gistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was autho	лized by 1	the corporatio	n's board of directors. I hereby accept the	appointmen	as regi	stered
SIGNATURE					DA DISTANCE DE LA CONTRACTOR DE LA CONTR	TE ,		
42	Signature, typed or printed name of registered agent a OFFICERS AND		13.	signature required	ADDITIONS/CHANGES TO OFFICER		EETOR	S IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		, ab., 10,10,0, a, 1,1000 , 0 01, 1001		nange	Addition
NAME	STROUGO, JOHN C		1.2 NAME				_	
STREET ADDRESS	310 MADISON AVE STE. 1422		1.3 STREET	ADORESS 3	SO LEXINGTON A.	د کر جی	これら	1202
CITY-ST-ZIP	NEW YORK NY 10017	i	1.4 CITY-ST	-ZIP A	1cm/mk, Ny 10	016		
TITLE	SD SD	☐ DELETE	2.1 TITLE	~			nange	☐ Addition
NAME	STROUGO, CAROL		2.2 NAME				. ~	·
STREET ADDRESS	310 MADISON AVE STE. 1422		2.3 STREET		so Lopineton A		27,	252
CITY-ST-ZIP	NEW YORK NY 10017		2. 4 CITY-ST	الم r-zip	entour by 10	016		
TITLE	HEN TOTAL TOTAL		3.1 TITLE		332 (342 //	CI	nange	☐ Addition
NAME		J	3.2 NAME		· · · · · · · · · · · · · · · · · · ·	• •	•	• • •
STREET ADDRESS		•	3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4 CITY-S1	r-ziP				
TITLE			4.1 TITLE			C	nange	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITLE			□CI	ange	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		1		
TITLE		☐ DELETE	6.1 TITLE				sange	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS		,	6.3 STREET	adoress				
CITY-ST-2IP			6.4 CITY-ST	- ZiP				

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 an attachment with an application, with all other like empowered.