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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G39841

(3)

F.M.U. REALTY, INC.

Mailing Address Principal Place of Business 7800 W. 20TH AVENUE 7600 W. 20TH AVENUE **SUITE 112** SUITE 112 HIALEAH FL 33016 HIALEAH FL 33016-1895 3. Date Incorporated or Qualified 3a. Date of Last Report 05/18/1983 01/23/1996 Applied For 2. Principal Place of Business 28. Mailing Address 4. FEI Number 59-2290891 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing ГП 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA, JUAN 7600 W. 20 AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 118 83 HIALEAH FL 33016 84 City Zip Code 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 obligations of, Section 607,0505, Florida Statutes. SIGNATURE Styration typed or particle area of registers diagent one to of at possible ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. DELETE Change \_\_\_ Addition 1.1 TITLE THILE GARCIA, JUAN F 1.2 NAME NAME CR2E034 7600 W 20 AVE., STE. 112 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33016 14 City-St-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP DELETE Change \_\_\_ Addition THIE 4.1 DILE NAME 4 2 NAME

14. If do hereby certify that the information supplied with the shining 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 supply increase and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the consequence of the consequen

4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-7/P

51 Title

5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

CITY-S1-ZIP

CHY-ST-7P

STREET ADDRESS

CITY - \$1-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1/3/97 305-157-4/23

Change

Change

\_\_ Addition

Addition

FILED

Jan 14 1997 8:00am

Secretary of State