

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G45954 (6)
 1. Corporation Name
SOUTHEAST REALTY INVESTMENTS CORPORATION



Principal Place of Business % NIKKI J NEDBOR 1221 BRICKELL AVENUE MIAMI FL 33134	Mailing Address % NIKKI J NEDBOR 1221 BRICKELL AVENUE MIAMI FL 33134
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2. Principal Place of Business 21 550 Biltmore Way Suite, Apt. #, etc. 22 Suite 700 City & State 23 Coral Gables, Florida Zip Country 24 33134 25 Dade	2a. Mailing Address 26 550 Biltmore Way Suite, Apt. #, etc. 27 Suite 700 City & State 28 Coral Gables, Florida Zip Country 29 33134 30 Dade
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3. Date Incorporated or Qualified 06/24/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2314661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
NEDBOR, NIKKI J
~~1221 BRICKELL AVENUE~~
~~SUITE 700~~
~~MIAMI FL 33134~~

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
550 Biltmore Way
Suite 700
 84 City
Coral Gables FL 85 Zip Code
33134

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 _____ Signature: typed or printed name of registered agent and title if applicable (NOT Registered Agent's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMNER, ALFRED R.	
STREET ADDRESS	1221 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	FORD, EARLINE G.	
STREET ADDRESS	1221 BRICKELL AVE #2500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	NEDBOR, NIKKI J.	
STREET ADDRESS	1221 BRICKELL AVE #2500	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAMNER, ANNE S.	
STREET ADDRESS	1221 BRICKELL AVE #2500	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	550 Biltmore Way, Suite 700
14 CITY-ST-ZIP	Coral Gables, Florida 33134
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	550 Biltmore Way, Suite 700
24 CITY-ST-ZIP	Coral Gables, Florida 33134
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	550 Biltmore Way, Suite 700
34 CITY-ST-ZIP	Coral Gables, Florida 33134
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	550 Biltmore Way, Suite 700
44 CITY-ST-ZIP	Coral Gables, Florida 33134
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Magaly Collazo
53 STREET ADDRESS	550 Biltmore Way, Suite 700
54 CITY-ST-ZIP	Coral Gables, Florida 33134
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Neale J. Poller
63 STREET ADDRESS	550 Biltmore Way, Suite 700
64 CITY-ST-ZIP	Coral Gables, Florida 33134

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Nikki Nedbor* (205) 442-1004

CR2E034 (9/96)

Title	<input type="checkbox"/> Delete	7.1 Title	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name		7.2 Name	MARC LIPSITZ
Street Address		7.3 Street Address	550 BILTMORE WAY, SUITE 700
City-St-Zip		7.4 City-St-Zip	CORAL GABLES, FLORIDA 33134