

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G80656**

(3)

1. Corporation Name

MIAMI CITY REALTY, INC.



Principal Place of Business

**6367 SW 40TH ST
MIAMI FL 33155
US**

Mailing Address

**P.O. BOX 145322
MIAMI FL 33114**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/14/1983

3a. Date of Last Report

03/17/1995

4. FEI Number

59-2355593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, changing its 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 607.0405, Florida Statutes.

SIGNATURE

12. NAME

OFFICERS AND DIRECTORS

☐ DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

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CITY, STATE, ZIP

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STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. NAME

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Rodriguez
JOSE A. RODRIGUEZ

Feb. 12, 1996

(305) 667-4445

CR2E034 (12/95)