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May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H87850 (4)

1. Corporation Name
CORPORATE MANAGEMENT REALTY, INC.

Principal Place of Business

1350 SW 57TH AVE.
SUITE 318
MIAMI FL 33144

Mailing Address

1350 SW 57TH AVE.
SUITE 318
MIAMI FL 33144-5774

3. Date Incorporated or Qualified
12/03/1985

3a. Date of Last Report
06/11/1996

2. Principal Place of Business

21 1460 BRICKELL AVE.

2a. Mailing Address

26 1460 BRICKELL AVE.

Suite, Apt. #, etc.

22 310

Suite, Apt. #, etc.

27 310

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33131

Country

25 FLA

Zip

29 33131

Country

30 FLA

4. FEI Number
59-2708213

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

9. Name and Address of Current Registered Agent

BERRY, JUAN F
1350 SW 57TH AVE.
SUITE 318
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

BERRY, JUAN F.

82

Street Address (P.O. Box Number Is Not Acceptable)

90 BREEZEWATER DR. # 214

83

84

City
MIAMI

FL

85

Zip Code
33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME BERRY, JUAN F
STREET ADDRESS 1350 SW 57TH AVE., STE. 318
CITY-ST-ZIP MIAMI FL 33144

TITLE V
NAME MARTINEZ-MALO, MARIO
STREET ADDRESS 1408 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

TITLE S
NAME BERRY, JUAN E
STREET ADDRESS 1350 S.W. 57TH AVE., SUITE 318
CITY-ST-ZIP MIAMI FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDS
1.2 NAME BERRY, JUAN F.
1.3 STREET ADDRESS 1460 BRICKELL AVE. STE. 310
1.4 CITY-ST-ZIP MIAMI, FL. 33131

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S
3.2 NAME BERRY, JUAN E.
3.3 STREET ADDRESS 1460 BRICKELL AVE. STE. 310
3.4 CITY-ST-ZIP MIAMI, FL. 33131

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

5/19/97 305 360 0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)