

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 AM 2:23

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J10840 (3)

Corporate Name

PITOWN REALTY, INC.

Principal Place of Business

Mailing Address

**531 NE 55TH TERRACE
MIAMI FL 33137**

**531 NE 55TH TERRACE
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1986 **3a. Date of Last Report 05/01/1994**

4. FET Number 59-2684384 **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 adopted the interpretation of chapter 6, 199 (b)(3) Florida Statutes ☒ **Yes** ☐ **No**

2. Principal Place of Business

2a. Mailing Address

21. State Apt # etc.

26. State Apt # etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PORTALES, SAHARA M.
531 NE 55TH TERRACE
MIAMI FL 33137**

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 607.05(3) 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 of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PD
NAME	PORTALES, SAHARA M.
STREET ADDRESS	531 NE 55TH TERRACE
CITY, ST, ZIP	MIAMI FL
NAME	STD
NAME	PI, HILDA
STREET ADDRESS	5600 N.E. 5TH AVE.
CITY, ST, ZIP	MIAMI FL
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Section 119.03(4)(b), Florida Statutes. I further certify that the information included on this 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 registered agent 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 or Block 15 or on an addition form with an address.

SIGNATURE:

(Signature of Registered Agent)

Sahara Portales

4-24-95 (305) 446-2055