

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J10840 (3)

1. Corporation Name

PITOWN REALTY, INC.



Principal Place of Business

531 NE 55TH TERRACE
MIAMI FL 33137

Mailing Address

~~601 NE 55TH TERRACE~~
~~MIAMI FL 33137~~

3. Date Incorporated or Qualified

04/21/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26 3400 Coral Way

4. FEI Number

59-2684384

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 600

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29 33145-3053

30

U.S.A

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

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 607.0502 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 below (if signed by the corporation, type name)

(If Officer, Registered Agent, or Director, type name and title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PORTALES, SAHARA M.	
STREET ADDRESS	531 NE 55TH TERRACE	
CITY-STATE-ZIP	MIAMI FL 33137	
TITLE	STD	☐ DELETE
NAME	PI, HILDA	
STREET ADDRESS	5600 N.E. 5TH AVE.	
CITY-STATE-ZIP	MIAMI FL 33137	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	33137
1. TITLE	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	33137
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	

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-05/07/96-01001-021
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent, trustee, or authorized person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sahara M. Portales 3-12-96 (205) 446-2055

CR2E034 (12/95)