FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name ROSS REALTY REFERRALS, INC. Principal Place of Business Maiting Address ONE BISCAYNE TOWER ONE BISCAYNE TOWER **SUITE 1910 SUITE 1910** MIAMI FL 33131 MIAMI FL 33131 US 3. Date Incorporated or Qualified 3a. Date of Last Report 10/24/1986 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 1864689 Ponce de Leon Blvd 65-0014035 21 4689 Ponce de Leon Bl Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 300 City & State City & State 6. Election Campaign Financing \$5.00 May Be Coral Gables, FL 33146 23 28 Coral Gables, Florida Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 33146 24 25 Yes XINo Florida Statutes USA 29 30 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSS, AUDREY H 82 Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER **SUITE 1910** 83 **MIAMI FL 33131** 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered again, and tide if applicable (NOTE: Beg. derect Agent signature) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change Add tion ROSS, AUDREY H. NAME 1.2 NAME ONE BISCAYNE TOWER #1910 STREET ADDRESS 1.3 STREET ADDRESS 4689 Ponce de Leon Blvd. MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Coral Gables, FL 33146 TITLE TT DELETE Change 2.1 HitE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY- ST- ZiP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAMF STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CHY - ST - ZIF TITLE DELETE 4.13016 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6-1 HRLF Change Addition NAM: £ 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 abourate 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 resolver 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 whended, or on an attachment with an address.

€ 4 CITY-ST-ZIP

SIGNATURE

C(TY - \$1 - Z(P)

IGNATURE AND TYPED OR PRINTYD NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 (305)661-4003

CR2E034 (12/95)