Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90020 015 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	K31	803
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Corporation Name

REAL ESTATE ENTERPRISES, INC.

Principal Place	of Business	Mailing Address				48) (4))0 10)66 ()((6)4(1 6 16 11 0 10 15 4 16 51 1	OPER HERE
431 41ST STREE		3060 ALTON RD						
MIAMI BEACH F		MIAMI BEACH FL 33140						
US		US				OT WRITE IN TH	IS SPACE	
{					3. Date Incorporated or 08/29/1988	Qualifed		
	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26 880 LAKE	- VIEW	DR.	<u> </u>			t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status D	esired	\$8.75	
22		27					Fee Re	·
City & State	•	City & State		٠,	6. Election Campaign Fi		\$5.00	
23		28 MIAMI	Seac	ULL I	Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Country	c 1	8. This corporation owes	•	ntangible □ Yes	□No
24	25		30 0	.s <u>.A</u>	Personal Property Ta: 10. Name and Address:			בואט
<u> </u>	9. Name and Address of Curre	nt Registered Agent	81	Name 7	1			
COH	EN, JEFFREY M.		1.1	Je	FFREV_M	COHE	<u> </u>	
	ALTON ROAD		82	Street Addres	ss (P.O. Box Number is No	t Acceptable)	•	
STE.			83	840	LAKEVIE	U DR		-
	II BEACH FL 33140		[63]					
i internati	II DESCRITE GOTTO		84	City MIA	D. /	F	85 Zip (Code 3 1 4 0
				1714	mi Beach			
11. Pursuant to	o the provisions of Sections 607.050 gistered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida. Such change was aut	s, the above-r thorized by th	named corpor re corporation	ation submits this statement's board of directors. I here	by accept the app	ointment as re	gistered
	n familiar with, and accept the obliga	POR CONTRACT CONTRACT CITALS	da Canalista					
agent. I an	n tannilar with, and accept the obliga	ations of, Section 607.0505, Fiond	ia Siaiules.					
agent. I an SIGNATURE						, DATE		
agent. I an	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agent s	signature required v		DATE S TO OFFICERS A	AND DIRECTO	DRS IN 12
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14. I 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 attackment with an address, with at other like empowered.

SIGNATURE:

NATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 99 (305)534-5333 Date Daytime Phone #