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SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -6 AM 11:44

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K44784 (2)

1. Corporation Name
FIRESTONE REALTY, INC.

Principal Place of Business

1000 BRICKELL AVE.
4TH FLOOR
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVE
4TH FLOOR
MIAMI FL 33131-3013
US



2. Principal Place of Business

21 444 BRICKELL AVE

Suite, Apt. #, etc.

22 Suite 300

City & State

23 MIAMI, FL

Zip

24 33131

County

25 Dade

2a. Mailing Address

26 444 BRICKELL AVE

Suite, Apt. #, etc.

27 Suite 300

City & State

28 MIAMI, FL

Zip

29 33131

Country

30 DADE

3. Date Incorporated or Qualified

11/10/1988

3a. Date of Last Report

04/01/1996

4. FEI Number

59-2919086

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

FIRESTONE, NOLA
1000 BRICKELL AVE.
4TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

NOLA A. FIRESTONE

82 Street Address (P.O. Box Number is Not Acceptable)

444 BRICKELL AVE

83

Suite 300

84 City

MIAMI, FL

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

Nola A. Firestone

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 PD
NAME FIRESTONE, NOLA
STREET ADDRESS 1000 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 PD
1.2 NAME NOLA A. FIRESTONE
1.3 STREET ADDRESS 444 BRICKELL AVE Suite 300
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE CH D
2.2 NAME GEORGE FIRESTONE
2.3 STREET ADDRESS 444 BRICKELL AVE
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

Nola A. Firestone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

Date

954. 374-6086

Daytime Phone #

CR2E034 (9/96)