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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53801

(2)

KIBUSH REALTY CORP.

Secretary of State

**FILED** 

Apr 28 1997 8:00am

Principal Plac	e of Business	Mailing Address		······		BABAN MYANA MABAN BABAN ABBA	
1822 WEST AVE 1822 WEST AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-143			H1432				
					12/27/1988 05/	ate of Last Report 01/1996	
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For	
Suite, Apt	4 ata	26 Suite Ant # etc	··········		65-0091625	Not Applicable	
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes Yes		
ļ	g. Name and Address of Curre	ent Registered Agent	81	1 1	10. Name and Address of New Registered	Agent	
	APIRO, ROBERT S.			Name			
2420 CORAL WAY			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33145		83				
[							
			84	City	FL	85 Zip Code	
11. Pursuant office or agent. La	am familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statute	#8. 	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
<u> </u>	Signature, typed or printed name of registered a			ent signature requi	red when reinstating) DATE		
12.	PD OFFICERS A	ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change ☐ Addition	
NAME	DEITSCH, JOSEPH	E) receit	1.2 NAME			C Guarde C Manual	
STREET ADDRESS	1822 WEST AVE			T ADDRESS			
CHTY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-				
1471.6	D	DELETE	21 TITLE			Change Addition	
NAME	DEITSCH,CHANA		2.2 NAME				
STREET ADDRESS	5726 1ST AVE		2.3 STAEE	T ADDRESS			
CITY - ST - ZIP	BROOKLYN NY		2.4 CITY	ST-ZIP			
TITLE	D STANOIS	☐ DELETE	3.1 TITLE			Change Addition	
NAME	FELLIG, FAYGIE		32 NAME	•			
STREET ADDRESS	1822 WEST AVE   MIAMI BEACH FL 33139		1	Y ADDRESS			
TIFLE	MIAMI DENOTI FE 33139	DELETE	3.4. CITY - 4.1 TITLE	· SI - ZIP		Change Addition	
NAME			4. 2 NAME	:			
STREET ADDRESS				T ADDRESS			
CITY-SY-ZIP			4.4 CITY-				
TITLE		DELETE	5.1 TITLE	<del></del>		Change Addition	
NAME			5.2 NAME	i			
STREET ADDRESS		4	5.3 STREE	1 ADDRESS	•		
CITY - ST - ZIP			5.4 CITY-	ST-ZIP			
TITLE	, , , , , , , , , , , , , , , , , , , ,	DELETE	6 1 TITLE			☐ Change ☐ Addition	
NAME	<b>\</b>		CONMI	Į.			
			62 NAME	- 1	1		

14. If 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 12 if changed, or on an attachment with an address.

SIGNATURE

IGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 (308) 674-8010