FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K66807** **(4)**

1. Corporation Name
AMERICAN VENTURES REALTY ADVISORS, INC.

Principal Place of Business	Mailing Address
1443 S MIAMI AVE MIAMI FL 33130-1316	1443 S MIAMI AVE MIAMI FL 33130-1316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/16/1989**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21 255 Alhambra Circle	26 255 Alhambra Circle
Suite, Apt. #, etc. 22 S-#1100	Suite, Apt. #, etc. 27 S-#1100
City & State 23 Coral Gables, Fl.	City & State 28 Coral Gables, Fla.
Zip / County 24 33134 / 25 Dade	Zip / County 29 33134 / 30 Dade

4. FEI Number: **65-0371176** ☐ 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

9. This corporation has liability for intangible tax under § 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARCIA, AGNES 1443 SOUTH MIAMI AVENUE MIAMI FL 33130	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 255 Alhambra Circle S-#1100 83 84 City Coral Gables, FL 85 Zip Code 33134

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] Agnes Arcia 4/24/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	X Change ☐ Addition
NAME	BLUMBERG, PHILIP F.	12 NAME	
STREET ADDRESS	1443 S MIAMI AVE	13 STREET ADDRESS	255 Alhambra Circle S-1100
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Coral Gables, Fla. 33134
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: [signature] Philip F. Blumberg 4/24/95 305-569-9500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0126687 CP