

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 MAY -1 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K96721

(1)

1. Corporation Name

OCCIDENTAL REALTY, INC.

Principal Place of Business

7445 NW 12 ST  
MIAMI FL 33126-8912

Mailing Address

375 HARBOR CT.  
MIAMI FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1989

3a. Date of Last Report

05/02/1994

2. Principal Place of Business

21 1775 NW 70 Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 200

27 Suite, Apt. #, etc.

23 MIAMI, FL

28 City & State

24 33126 25 USA

29 Zip 30 Country

4. FEI Number

65-0137091

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

LAUREDO, LUIS J.  
7445 N.W. 12 STREET  
MIAMI FL 33126-8912

10. Name and Address of New Registered Agent

81 Name

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

375 HARBOR COURT

83

84 City Key Biscayne

FL

85 Zip Code 33149

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 of agent or limited partner of registered agent and this if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| TITLE          | DP               |
| NAME           | LAUREDO, LUIS J. |
| STREET ADDRESS | 7445 NW 12 ST    |
| CITY, ST, ZIP  | MIAMI FL         |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| 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          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | 375 HARBOR COURT                                                             |
| 1.4 CITY, ST, ZIP  | Key Biscayne, FL 33149                                                       |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY, ST, ZIP  |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY, ST, ZIP  |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY, ST, ZIP  |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY, ST, ZIP  |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 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 111.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Lauredo 4/30/95 (305)361-9242