

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L02445 (9)

1. Corporation Name

COMMERCIAL REAL ESTATE BROKERAGE CORP.



Principal Place of Business

~~105 SW 15 ROAD~~  
~~104~~  
~~MIAMI FL 33129~~  
US

Mailing Address

P. O. BOX 430370 N/A  
MIAMI FL 33243-0370  
US

3. Date Incorporated or Qualified  
07/14/1989

3a. Date of Last Report  
08/10/1995

2. Principal Place of Business

21 7210 Red Road

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 221-2

27 Suite, Apt. #, etc.

City & State

23 South Miami, FL

City & State

Zip

24 33143

Country

25

Zip

29

Country

30

4. FEI Number

65-0137522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

HOFFMAN, J. BRUCE  
5915 PONCE DE LEON BLVD.  
STE. 60  
CORAL GABLES FL 33146

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVS ☐ DELETE  
NAME BLAIR, LEO J.  
STREET ADDRESS ~~195 SW 15 ROAD, #104~~  
CITY-ST-ZIP ~~MIAMI FL~~

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7210 Red Road, Suite 221-2  
1.4 CITY-ST-ZIP South Miami, FL 33143

TITLE TD ☐ DELETE  
NAME BLAIR, LEO J.  
STREET ADDRESS ~~195 SW 15 ROAD, #104~~  
CITY-ST-ZIP ~~MIAMI FL~~

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 7210 Red Road, Suite 221-2  
2.4 CITY-ST-ZIP South Miami, FL 33143

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 70000181164  
5.4 CITY-ST-ZIP -05/07/96--01125  
\*\*\*200.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1996

Date

305-596-7500

Daytime Phone #

CR2E034 (12/95)