

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 # L06036 (2)

1. Corporation Name

PLANNING AND REAL ESTATE ADVISORY GROUP, INC.

Principal Place of Business

655 SOUTHWEST MIAMI PLACE
MIAMI FL 33130

Mailing Address

655 SOUTHWEST MIAMI PLACE
MIAMI FL 33130



3. Date Incorporated or Qualified

08/02/1989

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1570 Madruga Ave

26 8305 SW 72 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 405

27 302A

City & State

City & State

23 Coral Gables FL

28 Miami FL

Zip

Country

Zip

Country

24 33146

25 U.S.

29 33143

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEARING, MICHAEL G.
12015 S.W. 144 STREET
MIAMI FL 33186

81 Name

Marilyn P. Hett

82

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

8305 SW 72 Ave 302A

83

84

City Miami

FL

85 Zip Code

33143

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

Marilyn P. Hett

M.P. Hett

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

(NOTE: Registered Agent signature required when reinstating.)

4/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME BLAZEJACK, JOHN A.
STREET ADDRESS 655 S.W. MIAMI PLACE
CITY-STATE-ZIP MIAMI FL

TITLE PDT
NAME HETT, MARILYN P.
STREET ADDRESS 655 W.W. MIAMI PLACE
CITY-STATE-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

Marilyn P. Hett M.P. Hett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 607-6517

Date

Daytime Phone #

CR2E034 (12/95)