PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS			F STATE			
1. Corporati		-	(0)					
	EST REALTY AND MANAC							
800 PALM STE A HIALEAH FI	-	600 F STE /	Address PALM AVENUE A EAH FL 33010			3. Date incorporated or Qualifu	ed 3a . Date of	Last Report
	Place of Business	2a. Mai	Ing Address			09/13/1989 4. FEI Number	06/14/	1995 Applied For
Suite, Apt	# etc	26	o Art 4			65-0145331		Not Applicable
22		27	e, Apl. #, etc			5. Certificate of Status Desired	1 1 '	.75 Additional
City & Sta	te	City	& State			6. Election Campaign Financing		5.00 May Be
Zip	Country	Zip		Coun	try	Trust Fund Contribution 8. This corporation has liability		dded to Fees
24	25 9. Name and Address of Cur	rent Registered	Agent	30		Florida Statutes 10. Name and Address of New	Yes No	
R	OBAINA, JULIO A.				Name (Soc Livo	Hegistered Agent	70
6	00 PALM AVE., STE A			E	Street Add	ress (PO Box Number is Not Accep	table)	1
н	IALEAH FL 33010			ε	13	Woln Ave.	SU146 F	7.
	• _	1		8	14 City	olean	 85	Zıp Code
11. Pursuant	to the provisions of Sections 607.0	05/2 and 607.150	S Florida Statul	tes, the abo	ve-named corp	oration submits this statement for the on's board of directors. I hereby acci	FL Purpose of changi	22010
agent. La	am familiar with the the opine of	ligation of Sect	ion 607.0505, Fi	aumorized b orida Statute	y the corporati es	on's board of directors. Thereby acci	ept the appointmen	t äs rog-štered
SIGNATURE		agent art title applic	able (N.)	It. Registered A	gent signature requi	red when reveraling)	Diate	
12. TiTLE	OFFICERS /	AND PIRECTOR	S DELETE	13.		ADDITIONS/CHANGES TO OF		
NAME	ROBAINA, JULIO A.		5000	1.2 NAM			L] Ch	lange [] Addition
STREET ADORESS CITY-ST-ZIP	15412 SHARPECROFT DR	ł			ET ADDRESS			7001
TITLE	MIAMI LAKES FL P		DELETE	2 1 Trille		·		
NAME	GESTIDO, ANTOINIO			2 2 NAM	İ			ange [_] Addition [C
STREET ADDRESS CITY-ST-ZIP	1660 W 74TH ST HIALEAH FL				ET ADDRESS			ļ
TITLE	THALLANTIL		DELETE	2 4 CHY 3 1 TITLE	-ST-ZIP		T I Cn	ange Addition
NAME				3.2 NAM				Ingo [Modition]
STREET ADDRESS CITY - ST - ZIP					ET ADDRESS			
TITLE			DELETE	4 1 TIFLE			Cha	ange Addition
NAME STREET ADDRESS				4. 2 NAM	E			
CITY-ST-ZIP					ET ADDRESS			
TITLE			DELETE.	5 1 TITLE	31-2IF		Cha	ange Addition
NAME STOCKT ADDRESS				5.2 NAME			L	
STREET ADDRESS CITY - ST - ZIP					T ADDRESS			
TITLE			DELETE	5 4 CITY -	51-ZIP	8000018:	92998	inge Addition
NAME				6.2 NAME		8000018: -07/15/9601/	004033	7/
STREET ADDRESS CITY+ST+ZIP	,				TADDRESS	***225.00		1/2
14 I do bereb	by certify that the information suppl	ied with this filing	is voluntarily fu	64 City- rnished and		ly for the exemption stated in Section	119 07(3)(k) Florid	da Statutes T
further co-		THE REPORT OF	WALL OF CURRISONS	Intal annual	report is true a	nd accurate and that my elegative el-	(-,,	
further cer made und that my na	fer oath, that I am an officer or direction ame appears in Block 2 a Ring	ctor of the corpor	ation or the rece	eiver or trust	ee empowered	to execute this report as required by	rall have the same I Chapter 617, Flori	egal effect as if da Statules, and
further cer made und that my na	der oath, that I am an office or direit ame appears in Block 12 or Block	ctor of the corpor	ation or the receive an attachmen	eiver or trust it with an ad	ee empowered dress.	TOONE, 6/14/90	Chapter 617, Flori	logal effect as if da Statules, and