FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortriam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # L21507 (3)C & L REALTY, INC. Principal Place of Business Maiting Address 7300 N OAKMONT DRIVE 7300 N OAKMONT DRIVE MIAMI FL 33015 MIAMI FL 33015 US 3. Date Incorporated or Qualified 3a. Date of Last Report 10/06/1989 02/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0149119 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Cert-ficate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEIBNITZER, CHARLES N. 82 Street Address (P.O. Box Number is Not Acceptable) 7300 N OAKMONT DRIVE **MIAMI FL 33015** 83 City 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SKITE By getered Agont signature required when renatating (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 JULE Change Addition: NAME LEIBNITZER, CHARLES N. 1.2 NAME CR2E034 STREET ADDRESS 7300 N OAKMONT DRIVE 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1 4 CHY-S1-ZIP TITLE DELETE 2 1 11TL& Change Addition NAMÉ 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY ST-ZIP DELETE TITLE 3 1 10148 [] Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 C(TY - ST - Z)P TITLE DELETE 4 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZiP 4.4 CITY - \$1 - 70° TITLE DELETE 5 1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - 7IP TITLE DELETE 6 1 THILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 C(1) - ST - Z(F) 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 explicit start and an officer or director of the corporation or the receiver of trustle purpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applicable 13 or Report 13 or Report 14 or

SIGNATURE:

Dec. 893 State Dec 198