

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L39016** (5)  
1. Corporation Name  
**6101 REALTY CORP.**



Principal Place of Business  
**4000 TOWERSIDE TERRACE  
1602  
MIAMI FL 33138  
US**

Mailing Address  
**4000 TOWERSIDE TERRACE  
1602  
MIAMI FL 33138-2239  
US**

2. Principal Place of Business  
21 Suite, Apt #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**12/29/1989**

3a. Date of Last Report  
**06/07/1996**

4. FEI Number  
**11-1982514**

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  
**STIER, MELVIN  
4000 TOWERSIDE TERR  
S2305  
MIAMI FL 33138**

10. Name and Address of New Registered Agent  
Name **STIER MELVIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**4000 TOWERSIDE TERR**  
**S 1602**  
City **MIAMI** FL 33138  
Zip Code **33138**

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 \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STIER, MEL</b>	
STREET ADDRESS	<b>4000 TOWERSIDE TERRACE #1602</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>STIER, MEL</b>	
STREET ADDRESS	<b>4000 TOWERSIDE TERRACE #1602</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NI	
1.3 ST ADDRESS	
1.4 C-ST-ZIP	
2.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NI	
2.3 ST ADDRESS	
2.4 C-ST-ZIP	
3.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NI	
3.3 ST ADDRESS	
3.4 C-ST-ZIP	
4.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NI	
4.3 ST ADDRESS	
4.4 C-ST-ZIP	
5.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NI	
5.3 ST ADDRESS	
5.4 C-ST-ZIP	
6.1 TI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NI	
6.3 ST ADDRESS	
6.4 C-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/23/97** DAYTIME PHONE: **305 895 1583**

CR2E034 (9/96)