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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		DIVISION OF CORPORATIONS					
DOCUN 1. Corporation	MENT # L55	452	(1)				
	R COMMERCIAL REA	LTY INC					
I I I/WILL	II COMMICTOINE TIEM	LII, HO			A ARBEITAGE ART DINGS BING BINGS AFTE	E NION BRAIN BRAIN DI	ANI ANTON ANANI AKUM MARI
,	Principal Place of Business Ma						
935 ARTHUR MIAMI BEACH	Godfrey Rd. 1 FL 33144		rthur godfr Beach fl 331				
					3. Date Incorporated or Qualified	3s. Date of	ast Report
					03/07/1990		0/1995
2. Prinopal Pla	de of Business	<u> </u>	ng Address		4, FEt Number		Applied For
21 Suite, Apt. #	etc	26 Suite	. Apt. #, etc.		59-1944 128		Not Applicable
22	, 0000	27	, zyn. +, etc.		5. Certificate of Status Desired		8.75 Additional Fee Regulred
City & State		City &	\$ State		6. Election Campaign Financing		\$5.00 May Be
2 3] Zip	Comba	28			Trust Fund Contribution	<u></u>	Added to Fees
24	Country 25	Zip 29		Country 30	This corporation has liability for Florida Statutes	ntangib⊁e tax ur ☑No	nder s 199.032,
	9. Name and Address of (Agent	1001	10. Name and Address of New F		nt
				81 Name			
	, STEWART A.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
444 BHI SUITE 3	CKELL AVENUE			83			
MIAMI F							
7770 W. 11 1 1	MINIMI I E 30 13 I			84 City		FI 8	5 Zip Code
tarminir with SIGNATURE	i, and accept the obligations o	rf, Section 607.0505,	Florida Statute	S. OTE: Registered Agrint signature require 13.	····	DATE	
mi	P		DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFF		hange
NAM:	Framer, evelyn s			1.2 NAME		_	
STREET ADDRESS	935 ARTHUR GODFRE	y RD		1.3 STREET ADDRESS			
C11Y-S1-7/P	MIAMI BEACH FL		ED DELETE	1.4 CITY-ST-ZIP			
1 Ith NAME			DELETE.	2 1 TITLE 2.2 NAME		Пс	hange
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-S1-ZIP				2 4 CITY-S1-ZIP			
THUE			DELETE	3. 1 TITLE			hange [Addition
NAM:				3 2 NAME			
STREET ADDRESS CID+S1-ZIP				3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
THUE			DELETE	4. 1 TITLE			hange
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			,
COLVEST- ZiP			[] DC: C7C	4.4 CITY - S1 - ZIP			
NAME.			DELETE	5 1 TIBLE 5 2 NAME			hange [] Addition
STREET ADDRESS				5 3 STREET ADDRESS			
CITY ST ZIP				5 4 CITY- ST-ZIP			
THE		·-···	☐ DELETE	6 1 TITLE			hange Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
14. For hereby	certify that the information su	oplied with this filing is	s voluntarily for	nished and does not qualify	for the exemption stated in Section 119	07(3)(k) Florida	Statutes I further
Gertify that oath: that I	the information indicated on th	iis annual report or su e comoration on the re	ipplemental anr sceiver or truste	nual report is true and accura	ate and that my signature shall have the is report as required by Chapter 607, Fi	same legal effe	ct as if made under

SIGNATURI

IGNATURE AND THE DO I PRINTED NAME OF SIGNING OFFICER OF DIRECTO

1/25/96

(305) 672-7258

Davinse Proce #

CR2E034 (12/95)