Mailing Address HOWARD RRAFMAN

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L84601

1. Corporation Name

Principal Place of Business

HOWADD I DDAEMAN

J.I. KISLAK REALTY INVESTMENTS, INC.

7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016 US		7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
00					06/29/1990			į	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number			Applied For		
21		26		65-0205268			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required		
22		27			~ * i +				
City & State		City & State		6. Election Campaign Financing			00 May Be ed to Fees		
23	Country	Zip	Country		Trust Fund Contribution	ant was Inter	Auu Saible S	iles la male	
Zip	25 29 30		¬ ' '	8. This corporation owes the current year Intangible File Works Personal Property Tax#22 -/0397667498 No					
9. Name and Address of Current Registered Agent			<u>, </u>	10. Name and Address of New Registered Agent					
			81	Name					
BRAFMAN, HOWARD, J 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83	02					
			63	1					
			84	City		FL	85 2	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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIREC	TORS IN 12	
TITLE	DSVS	☐ DELETE	1.1 ππ.E				☐ Chan	ge 🗌 Addition	
NAME	Brafman, Howard J.		1.2 NAME						
STREET ADDRESS	7900 MIAMI LAKES DR WEST		1.3 STREE	T ADDRESS			•	Į	
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-S	T- ZIP					
TITLE	CDP	☐ DELETE	2.1 TITLE				Char	ge	
NAME	KISLAK, JAY I.		2.2 NAME					ļ	
STREET ADDRESS	7900 MIAMI LAKES DR WEST			TADORESS					
CITY-ST-ZIP	MIAMI LAKES FL 33016	□ DELETE	2.4 CITY-5	ST-ZIP		•	☐ Char	ge Addition	
TITLE	VPAS FENELLO, CAROL A	Lui VELETE	3.1 TITLE 3.2 NAME						
NAME	7900 MIAMI LAKES DR. W.			T ADDRESS				ļ	
STREET ADDRESS	MIAMI LAKES FL 33016		3.4. CITY-5						
CITY-ST-ZIP	SVPT	□ DELETE	4.1 TITLE	51-2IF			☐ Char	ige Addition	
NAME	BARTELMO. THOMAS	_	4. 2 NAME					ļ	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WES	T		TADORESS				1	
CITY-ST-ZIP	MIAMI LAKES FL 33106		4.4 CITY-S	T-ZIP	•				
TITLE		DELETE	5.1 TITLE	1			☐ Char	ge 🔀 Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP	·		5.4 CITY-S	T-ZîP					
TILE		☐ DELETE	6.1 TITLE				☐ Char	ige 🗌 Addition	
NAME			6.2 NAME					İ	

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

April /4,1999

(305) 364-4213

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90092 020 ***150.00

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