FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (8)RJG REAL ESTATE HOLDING COMPANY Principal Place of Business Mailing Address 933 ANDALUSIA AVE 933 ANDALUSIA AVE C/O K RANDALL GROH C/O K RANDALL GROH CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/13/1990 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. fEl Number Applied For 21 65-0210599 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip 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 81 Name KRAMER JAMES I 82 Street Address (P.O. Box Number is Not Acceptable) 4225 PONCE DE LEON BLVD. **STE 150** CORAL GABLES FL 33146 84 Zip Code 85 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. Thereby accept the appointment as registered agent. Larn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THLE DELFIE 1 1 1 11 5 Change Addit on GROH, K. RANDALL NAME 1.2 NAME **CR2E034** STREET ADDRESS 933 ANDULUSIA AVE 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CHY - \$1 - ZIP THLE DELETE 2 1 11111 Change ☐ Addition GROH, JAN S. NAME 2.2 NAME 933 ANDALUSIA AVE STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY - ST - ZIP 24 CI1Y - ST- ZIP THILE DELETE 3 11111 . Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZiP 3.4 CHY ST-ZIP TITLE DELETE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CiTY+SI-ZiP TITLE DELETE 6. 1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHY+51-2IP 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 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 opporation or the processor of under compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

CITY-ST-ZIP

(12/95)