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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

MIAMI FL 33172

M01546 **DOCUMENT #** 

(4)

COMREAL MANAGEMENT SERVICES, INC.

Principal Place of Business 8725 N.W. 18TH TERRACE, SUITE #105 Mailing Address

8725 N.W. 18TH TERRACE, SUITE #105 MIAMI FL 33172



						06/04/1984	05/31/1995			
2. Principal Pla	ace of Business	2a. Mailing Addie	2a. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number	<u></u>	75.7	Applied For	
21		·····				<u>59-2456484</u>			Not Applicable	
Suite, Apt. #						5. Certificate of Status Desired Service Servi				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	<i>(</i>	8. This corporation has liability for it	ntangible ta			
24]	[25]	[29]	30	,		Florida Statutes  Yes				
	9. Name and Address of Curre	nt Registered Agent			T. N	10. Name and Address of New R	egistered .	Agent		
A 1 1 2 1 4 1				81	Name					
SMITH, STEPHEN H % COMREAL					82 Street Address (P.O. Box Number is Not Acceptable)					
8725 NW 18 TERR STE 105					0.2					
SUITE 200 MIAMI FL 33172					83					
MIAMI F	L 331/2		Ì	84	Crty			85	Zip Code	
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508 Florida	Statutes the above	ve r	l	ation submits this statement for the pur	ما اه معمد	noina	to reciptored office	
Or registers	pu agent, or both, in the State of righ	ida. Such change was a	authorized by the c	orp	oration's board	d of directors. Thereby accept the appo	pose or cha pintment as	registe	is registered offic red agent. I am	
(a) Hilla: Witi	h, and accept the obligations of, Sec	aion buz ubub, Florida S	statutes.							
SIGNATURE _	Signature, typed or printed namin of registered age.	nt and tille 1 applicable	(NOTE Registered)	Аска	nt signal re remined	white constance				
12.		ND DIFECTORS	13.			ADDITIONS/CHANGES TO OFFI	Est the.	DIREC	TORS IN 12	
TITLE	PD	DELE	TE 1.1 TI	FLE				] Chan		
NAME	SMITH, STEPHEN H.		1.2 NA	ME	+				_	
STREET ADDRESS	8725 NW 18TH TERRACE		1.3 \$1	REET	ADORESS					
CITY-ST-ZIP	MIAMI FL		1.4 C(1	1Y-S	ST-ZIP					
TITLE		[_] DELE	TE 2 1 Tr	1LE			Г	Chang	ge	
NAME			2 2 NA	ME					-	
STREET ADDRESS			2351	F.EET	ADDRESS				٠	
CITY-ST-ZIP			2.4 CB	Y-S	ST - ZIP					
TITLE		[] DELE	TE 3 1 TI	TLF.			1	Chang	ge 🔲 Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			33 SI	REFT	T ADDRESS					
CITY-ST-ZIP			3 4 CIT	TY · S	s! - ZIP					
TITLE		DELE	1E 4. 1 Til	TLF			Ĺ	Chang	ge 🔲 Addition	
NAME			4.2 NA	ME						
STREET ADDRESS			4 3 ST	HEET	ADDRESS					
CITY-ST-ZIP			4.4 CIT		T-ZIP					
TITLE		[]] DELE	TE 5 1 TH	ΙŁĒ				] Chang	ge 🔲 Addition	
IAME			5.2 NA	ME	-					
STREET ADDRESS			5.3 STF	REET	ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	5 4 CIT		1-71F				W. A. A	
IIILE		DELF						] Chang	ge 🔲 Add tion	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	podify that the interesting P-1	11.501 At 12.701 12.70 1	6.4 CH	Y-\$	1-719					
certify that oath; that I appears in	am an officer or director of the corp Block 12 or Block 13 if changed, x	wir mis ling is volunta lual report or supplemen oration or the receiver o on an attachment with a	iniy iumished ang let annua' report is r troptee empliwere an alo tress	ioes stru ed t	s not quality for ie and accurate to execute this	r the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Flo	77(3)(k), Flor same lega' e rida Statute	ida Sta effect a is; and	itutes. I further s if made under that my name	

SIGNATURE:

Seepher 1. Smith, Pres. 5/29/96 305 - 591-3044

Date Daytin is Phone #