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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # M03947

1. Corporation Name
WEITZER REALTY COMPANY

Principal Place of Business	Mailing Address
5901 NW 151 Street Suite 120 Miami Lakes, FL 33014	P.O. Box 4550 Miami Lakes, FL 33014

3. Date Incorporated or Qualified: 8/14/84
3a. Date of Last Report: 4/95

2. Principal Place of Business	2a. Mailing Address
21 5901 NW 151 Street	26 P.O. Box 4550
Suite, Apt. #, etc. 22 Suite 120	Suite, Apt. #, etc. 27
City & State 23 Miami Lakes, FL	City & State 28 Miami Lakes, FL
Zip / Country 24 33014 / 25 USA	Zip / Country 29 33014 / 30 USA

4. FEI Number: 59-2641780 ☐ Applied For ☐ Not Applicable
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	10. Name and Address of New Registered Agent
Weitzer, Harry 5901 NW 151 Street Suite 120 Miami Lakes, FL 33014	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 500002170355 -05/08/97--01001--037 ***165.00 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Weitzer, Harry 5901 NW 151 Street Miami Lakes, FL 33014	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V/T/AS Kleinerman, Peter 5901 NW 151 Street, #120 Miami Lakes, FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Burnside, Estelle 5901 NW 151 Street, #120 Miami Lakes, FL 33014	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V Rosewater, James P. 5901 NW 151 Street, #120 Miami Lakes, FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Pitchon, Vivian E. 5901 NW 151 Street, #120 Miami Lakes, FL 33014	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Corporate Controller Hart, Timothy S. 5901 NW 151 Street, #120 Miami Lakes, FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/AS Coren, George, J. 5901 NW 151 Street, #120 Miami Lakes, FL 33014	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V/S Speizer, Harry 5901 NW 151 Street, #120 Miami Lakes, FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Dominguez, Nancy 5901 N.W. 151 Street, #120 Miami Lakes, FL 33014	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	V Feldsteen, Leigh 5901 NW 151 Street, #120 Miami Lakes, FL 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	AV Johnston, Patrice M. 5901 N.W. 151st Street, #120 Miami Lakes, FL 33014	☐ Change ☒ Addition

CR2E034 (9/96)

5/5/97

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; 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.

SIGNATURE: Patrice M. Johnston PATRICE M. JOHNSTON 4/24/97 305-819-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #