

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M08404

(9)

1. Corporation Name

AMERICAN REALTY OF MIAMI, INC.

Principal Place of Business

**7880 N UNIVERSITY DR FL ONE
PO BOX 26132
TAMARAC FL 33321**

Mailing Address

**7880 N UNIVERSITY DR FL ONE
PO BOX 26132
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/30/1984

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0061526

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MARULANDA, CARLOS
3760 INVERRARY DR N3P
SUITE 404
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PDC

NAME

MARULANDA, EDGAR

STREET ADDRESS

3760 INVERRARY DR N3P

CITY - ST - ZIP

LAUDERHILL FL

TITLE

D

NAME

MARULANDA, PABLO A

STREET ADDRESS

18444 NW 9TH COURT

CITY - ST - ZIP

PEMBROKE PINES FL

TITLE

D

NAME

MARULANDA, CESAR

STREET ADDRESS

694 STANTON DR

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

D

NAME

MARULANDA, CARLOS

STREET ADDRESS

3760 INVERRARY DR N3P

CITY - ST - ZIP

LAUDERHILL FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D/C

☒ Change

☐ Addition

1.2 NAME

MARULANDA, EDGAR

1.3 STREET ADDRESS

2684 RIVIERA COURT

1.4 CITY - ST - ZIP

FORT LAUDERDALE, FL 33332

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

33029

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

33326

☒ Change

☐ Addition

4.1 TITLE

D

4.2 NAME

MARULANDA, CARLOS

4.3 STREET ADDRESS

668 STANTON DRIVE

4.4 CITY - ST - ZIP

FORT LAUDERDALE, FL 33326

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(d), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR MARULANDA

4/17/95

(305) 722-2837