

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90022 009 ***150.00

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1. Entity Name

F. I. B. REALTY CORPORATION



Principal Place of Business

**2720 CORAL WAY
MIAMI, FL 33145**

Mailing Address

**2720 CORAL WAY
MIAMI, FL 33145**

44033734



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-0858664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHLOSBERG, DAVID I
2720 CORAL WAY
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEFFERMAN, WILLIAM J
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145

TITLE VSD
NAME SCHLOSBERG, DAVID I
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145

TITLE VASD
NAME MARINA, JOSE A
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145

TITLE VTD
NAME MANARA, ALBERTO G
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145

TITLE V
NAME FERNANDEZ, LYDIA A
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David I. Schlosberg, Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID I. SCHLOSBERG, S. SR. V.P.

MARCH 30, 2004 (305) 476-6269

Date

Daytime Phone #