

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M34493 (0)
1. Corporation Name
THE JONSON GROUP REALTY AND MANAGEMENT, INC.

Principal Place of Business Mailing Address
175 FOUNTAINBLEAU, SUITE 1-D MIAMI FL 33172 **175 FOUNTAINBLEAU, SUITE 1-D MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1986** 3a. Date of Last Report **10/20/1994**

4. FEI Number **59-2722127** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.	
23		28	
23. City & State		28. City & State	
24		29	
24	25. Country	29	30. Country

9. Name and Address of Current Registered Agent
**GRIMALDI, ANTHONY J
175 FOUNTAINBLEAU BLVD. 1-D
MIAMI FL 33172**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMALDI, ANTHONY	12 NAME	
STREET ADDRESS	175 FOUNTAINBLEAU #1-D	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	
TITLE	PST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMALDI, RUPDAI NINA	22 NAME	
STREET ADDRESS	175 FOUNTAINBLEAU #1-D	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 199.032(3)(b), Florida Statutes. I further certify that the information set forth 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 of this report or on an attachment with an address.

SIGNATURE: *Rupdaï Nina Grimaldi* P.S.T. 4-27-95 305 226-5260
RUPDAI NINA GRIMALDI