FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M40525

(1)

COMMODORE INTERNATIONAL REALTY, INC.

FILED Apr 17 1997 8:00am Secretary of State

Frincipal Place of Business Mailing Address 3120 KIRK STREET 3120 KIRK STREET MIAIMI FL 33133 MIAIMI FL 33133-3923								
					Date Incorporated or Qualifie 10/23/1986	d 3a. Date 02/01		eport
	Place of Business	2a. Malling Addre	SS		4. FEI Number			plied For
Suito Aut	# ple	26 Suite, Apt. #, 6	atc		59-2737767			t Applicable
Suite, Apt #, etc. Suite, Apt 27		<u> </u>	σι. π, σιο .		Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zφ	Country	Zip	ļq	ountry	This corporation has liability to	for intangible tax		199.032,
24	25 25 Name and Address of Curi	29 rent Registered Agent	30	1	Florida Statutes 10. Name and Address of New			
HEY	/DASCH, AXEL			81 Name				
	N BISCAYNE BLVD 30TH FL			82 Street Add	dress (P.O. Box Number is Not Accep	ntahle)		····
	MI FL 33132			SI SEE ACC	Tesa (F.O. Box 14011001 is 1401 Accep	rabio)		
				83				
	_			84 City			85 Zip (Code
	1	71		1 1 1		FL I		
11. Pursuant office or I	to the provisions of Sections 607.0 registered attent, or both, in the Sta	9502 ánd 667,1508, Florida ste of Florida. Such chang	a Statutes, the e was authoriz	above-named cor ad by the carpora	poration submits this statement for thation's board of directors. I herapy ac	ie purpose of ch popt the appoin	anging it: Iment as	s registered registered
agent La	ani familiar with, and accept the ob	ligation of, Section 697.0	505, Florida	atutes.		100	7	
SIGNATURE	Stgriature, typod of printer name of registered	agent and title it applicable.	2 TE Begister	rgri Apent signature requ	West when reinstation	DATE		
12.		AND DIRECTORS	13	*	ADDITIONS/CHANGES TO OF		RECTOR	S IN 12
HILE	PST	☐ DEL		TITLE			Change	Addition
NAME	HEYDASCH, AXEL K.		1.2	NAME				
STREET ADDRESS	100 N BISCAYNE BLVD 30T	H FL	1.3	STREET ADDRESS				
City St ZIF	MIAMI FL			CITY-ST-ZIP				
TITLE		☐ DEL	ETE 2.1	TITLE		<u></u>	Change	Addition
NAME			2.2	NAME				
STHEFT ADDRESS			2.3	STREET ADDRESS				
CiTY - ST - ZIP				City-ST-ZIP			T 05	C D Address
TITLE		L. DEL		TITLE		L_	Change	Addition
NAME				NAME				
STREET ADDRESS			4	STREET ADDRESS				
CITY - S1 - 7IP				CITY-ST-ZIP			Change	Addition
TITLE		T hri	CTC =				Change	Addition
	The state of the s	☐ DEL	i i	TITLE		L		
NAME		☐ DEL	4.2	NAME		L		-
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NAME STREET ADDRESS CITY-ST-7IP TITLE		☐ DEL	4. 2 4.3 4.4 ETE 5.1	NAME STREET ADDRESS CITY-ST-ZIP TITLE	·		Change	Addition
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4. I do 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 suppliemental 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 efficie or of true 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 10 if changed or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mel 9 77 705-353-346