

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M49958 (5)

1. Corporation Name

ALL TRUST R.E., INC.

Principal Place of Business

2059 NORTH BAY RD
MIAMI BCH FL 33140

Mailing Address

2059 NORTH BAY RD
MIAMI BCH FL 33140

FILED
95 JUL 14 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/08/1987

3a. Date of Last Report

03/16/1994

4. FEI Number

59-2814396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election (Language Filing Fee)

☐

\$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 7455 COLLINS AVE.

2a. Mailing Address

26 1250 WEST AVE.,

Suite/Apt. #, etc.

22 #209

Suite/Apt. #, etc.

27 #7-I

City & State

23 MIAMI BEACH, FL

City & State

28 MIAMI BEACH, FL

Zip

24 33141

Country

25 DADE

Zip

29 33139

Country

30 DADE

9. Name and Address of Current Registered Agent

BERTAK, IVAN V.
2059 NORTH BAY RD
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
BERTAK, IVAN V.
2059 NORTH BAY RD
MIAMI BCH FL 33140

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
KVAJIC, MIRJANA M.
4101 PINE TREE DR #809
MIAMI BCH FL 33140

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PRESIDENT, DIRECTOR ☒ Change ☐ Addition

BERTAK, IVAN V.

1250 WEST AVE., APT. #7-I

MIAMI BEACH, FL 33139

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ 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)(k), 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 of this statement, or on an attachment with an address.

SIGNATURE:

(IVAN V. BERTAK) 7/10/95 531-2669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CR2E034 (3/95)