FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARAMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)**DOCUMENT #** Corporation Name ALL TRUST R.E., INC. Malling Address Principal Place of Business 1250 WEST AVE 7455 COLLINS AVE STE 74 STE 209 MIAMI EBHAG-FL 33139 MIAMI EBAHO FL 33141 3a. Date of Last Report 3. Date incorporated or Qualified 07/14/1995 UŜ 04/08/1987 BEACH BEACH Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2814396 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State П Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Country Country Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BERTAK, IVAN V. 1250 WEST AVE., APT. 7-I -2059 NORTY BAY RD MIAMI BEACH, FL 33139 83 MIAMI-BOH FL 33140 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Familiar with, and accept the adjustions of directors of florida Statutes. #271) Prigistered Agent signature required when textstate 9 CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1 TITLE TILLE BERTAK, IVAN V. 1.2 NAME NAM: 1250 WEST AVE APT 7-I 1.3 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 1.4 City - St - ZiP CITY - ST - ZIP ☐ Addition Change DELETE 2.1 10105 TITLE KVAJIC, MIRJANA M. 2.2 NAME NAME 4101 PINE TREE DR #809 2.3 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33140 2.4 CITY - ST. ZIP CITY - ST - ZIP ☐ Change Addition DELETE 3 I TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4 1 1111 6 THILE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST ZIP Change ☐ Addition DELETE 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CIT1 - \$1 - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6 1 TITLE HILE 6.2 NAME **BB STREET ADDRESS** 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 constation 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

SIGNATURE: