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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

4211 AURORA STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M73301

(7)

**REAL ESTATE VENTURES, INC.** 

4211 AURORA STREET

Principal Place of Business Mailing Address

**FILED** Apr 29 1997 8:00am Secretary of State



CORAL GABLE	5 FL 33146	CONAL GABLES PL 33140	-1029							
ı						3. Date Incorporated or Qualified 03/17/1988 3a. Date of La 05/29/198				
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0048629				d For oplicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>—</b>	75 Addi e Requir	itional	
City & Stat	е	City & State			6. Election Campaign Financing		\$5.00 May Be			
<b>23</b> Zip	Country					Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032.				
24	25	29	30			Florida Statutos	Yes [	] No_		
	9. Name and Address of Curren	t Registered Agent		81	,,,,,,	10. Name and Address of New Reg	istered A	gent		
ROLLNICK ROSEN & LINDEN					Name					
	SEVILLA AVENUE RAL GABLES FL 33134				Street Add	fress (P.O. Box Number is Not Acceptabl	e)			
CUN	VAL CADLES PL 33134			83						
				84	City			85	Zip Cod	le
44 0	007.07.0	0 - 1 007 1 00 F(1 04)	4 4	<u></u>		poration submits this statement for the pu	FL			
office or r	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was	authorize	ed by	the corpora	poration stibilities tries statement for the plation's board of directors. Thereby accept	the appo	changi pintm <b>e</b> r	ng its regi	istered
SIGNATURE	Signature, typed or printed name of registered age	nt and trie if applicable (NO	TL Register	ed Age	int signature requ	uired when reinstaling)	DATE			<del></del>
12.	OFFICERS AND	DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS I	V 12
TIFLE	VD	DELETE	1.1 1	ITLE				☐ Cha	nge 🗀	Addition
NAME	FINE, ROBERT S.		1.2 1	MAME	-					
STREET ADDRESS	360 SOLANO PRADO		1.3 8	STREFT	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33156			1.4 C(1Y - S1 - 2IP			· · · · · · · · · · · · · · · · · · ·			<del></del> -
TITLE	PD FINE, ISABEL	☐ DELETE						Cna	nge [_	Addition
NAME	360 SOLANO PRADO			NAME						
STREET ADDRESS	CORAL GABLES FL 33156				ADDRESS					
CITY-ST-ZIP	COTAL GABLLOTE GOTTO	DELETE	311	CHY-S	31 - ZIP			Cha	nne T	Addition
NAME				NAME					90	_ riounion
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY - 9						
TITLE		☐ DELETE	4.1					Cha	nge 🗆	Addition
NAME			4. 2	NAME		•				
STREET ADDRESS			4.3 \$	STREET	ADDRESS					
CITY-ST-ZIP			4.4 (	CITY-S	T-ZIP					
TITLE	DELETE		5.11	5.1 TITLE				Cha	nge L	Addition
NAME			521							
STREET ADDRESS					ACIDRESS					
CITY-ST-ZIP		DELETE		CITY-S	T-ZIP			- Ob-	T	Addition
TOTLE		☐ DELETE	6.1 7		Į			Cha	nge L.	_] Addition
NAME				MAME	*Popeos					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4	CITY-S	T-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 dispowered to execute this report as required by Chapter 607, Florida Statutes; and that my name