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May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M73301

(7)

1. Corporation Name

REAL ESTATE VENTURES, INC.



Principal Place of Business

Mailing Address

~~4211 AURORA STREET~~
~~CORAL GABLES FL 33146~~

~~4211 AURORA STREET~~
~~CORAL GABLES FL 33146~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1570 MADRUGA AVENUE

26 1570 MADRUGA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 404

27 SUITE 404

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

Zip

Country

Zip

Country

24 33146

25 U.S.A.

29 33146

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROLLNICK ROSEN & LINDEN~~
~~133 DEVILLA AVENUE~~
~~CORAL GABLES FL 33134~~

81 Name

EDWARD A. KALISH

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

1570 MADRUGA AVENUE

83

SUITE 404

84 City

CORAL GABLES

FL

85 Zip Code

33146

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

Edward A. Kalish

EDWARD A. KALISH

4-29-98

(Signature typed or printed name of registered agent and filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME VD
FINE, ROBERT S.
STREET ADDRESS 360 SOLANO PRADO
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☐ DELETE

NAME PD
FINE, ISABEL
STREET ADDRESS 360 SOLANO PRADO
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 if changed, or in an attachment with an address.

SIGNATURE

Isabel Fine
Isabel Fine (305) 661-2422

CR2E034 (10/97)