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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

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Feb 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600004303 (1)

IATSE 477 REALTY CORP. Principal Place of Business Mailing Address 8025 N.W. 36 STREET MIAMI FL 33166 MIAMI FL 33166-6625					·					
						3. Date Incorporated or Qu 08/16/1996	alified	3a. Da	ate of Last F	leport
	lace of Business	2a. Mailing Address				4, FEI Number		·	A	oplied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc.			·	65-071011				ot Applicable Additional
22	,, 0.0.	27				5. Certificate of Status Des	ired			Auditioriai equired
City & State	e	City & State				6. Election Campaign Final	ncing		\$5.00	May Be
710	Country	28		untry		Trust Fund Contribution				to Fees
Zip 4	Country 25	Ζίρ 29	30	шниу		This corporation has liab Florida Statutes		tangible Yes (. 199.032,
<u></u>	9. Name and Address of Curr		100	1		10. Name and Address of				
				81 1	Name					
LOWE, E 8025 N.V MIAMI FI	N. 36 STREET			82 S	Street Addr	ess (P.O. Box Number is Not A	cceptable	e)		
				84 (City		***************************************	FL	85 Zip	Code
Pursuant:	to the provisions of Sections 617.0	1502 and 617.1508, Florida Sta	itutes, the E	anova-n	named cord	oration submits this statement.	for the pu	rpose o	t changing i pointment as	ts registered registered
	to the provisions of Sections 617.0 egistered agent, or both, in the Sta in familiar with, and accept the obling Signature, typad or printed name of registered in					ion's board of directors. I hereb	by accept	DATE		···
SIGNATURE .	Signature, typad or printed name of registered a OFFICERS A	agent and title if applicable. (ed Agent s				DATE	D DIRECTO	3S IN 12
Signature . 12. Title	Signature, typod or printed name of registered a OFFICERS A D	agent and title if applicable. (NOTE: Registers 13.	ed Agent s TITLE		ed when reinstating)		DATE		3S IN 12
SIGNATURE . 112. TITLE NAME	Signature, typod or printed name of registered in OFFICERS A D COCHEO, THOMAS V	agent and title if applicable. (NOTE: Register 13. 1.1 1	ed Agent a TITLE NAME	signature requi	ed when reinstating)		DATE	D DIRECTO	3S IN 12
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IGNATURE: Norman Zuckseman Tollie Buckenan 1/17/97 305)594-8585