

Amended

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100003808

1. Entity Name
Bankers International Realty Corporation

FILED

02 DEC -5 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

21 1110 Brickell Avenue 1110 Brickell Avenue

Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 Suite 806 Suite 806

City & State 27 City & State
23 Miami FL Miami, FL

Zip County 28 Zip County
24 33131 25 Miami-Dade 33131 Miami-Dade

4. FEI Number Applied For
65-1068578 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

200009557222
12/17/02--01038--003 **61.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Beatriz De Forero
1110 Brickell Avenue
Suite 806
Miami, FL 33131

81 Raul J. Sanchez De Varona
82 Street Address (P.O. Box Number is Not Acceptable)
83 1320 South Dixie Highway, Suite 280
84 Coral Gables FL 33146

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida
Raul J. Sanchez De Varona 12/3/02
SIGNATURE DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so
FILE NOW!!! FEES \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May be added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Edgardo Defortuna 1110 Brickell Avenue Miami, FL 33131	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I do 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 11 or Block 12, or on attachment with an address.

SIGNATURE Edgardo Defortuna, President by R.J.S. De Varona as attorney-in-fact 12/3/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #