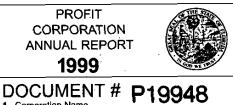
PROFIT CORPORATION ANNUAL REPORT

1999

FIRST REALTY CAYMAN CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90234 018 ***150.00

|--|

Principal Place of Business Mailing Address								I SKILL DIE		
%CFS C/O LEGAL ASSETS. INC BOX 613 1401 BRICKELL AVE SUITE										
GRAND CAYMAN, CAYMAN ISLANDS MIAMI FL 33131						DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed		÷		
						07/06/1988		-,- -		
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied	
21 26				_		59-1864464		\$8.75		plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		•	Requir	
22 27 City & State City & State				_		6. Election Campaign Financing			0 May	
						Trust-Fund Contribution			d to Fe	
			Country	_		8. This corporation owes the current year	ır Intan	_		
24 25 29 30			io			Personal Property Tax.				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	red Aç	jent		
LEGAL ASSETS, INC. 1401 BRICKELL AVE.				N	Name					1
				1 5	Street Addres	dress (P.O. Box Number is Not Acceptable)				
				Sileet Addres						
SUITE 700			83	Ī						}
MIAMI FL 33131			84	1	City			85 Zi	ip Code	
					•		FL :	1	•	l.
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was auti ions of, Section 607.0505, Florid	s, the abov horized by da Statutes	the	named corpor e corporation	ation submits this statement for the purpos 's board of directors. I hereby accept the a	e of ch ppointr	nanging ment as	registe	ered
SIGNATURE	The second secon				<u> </u>	when reinstating) DAT	Ē.			}
				egistered Agent signature require		ADDITIONS/CHANGES TO OFFICER		DIREC	TORS	IN 12
12.	STD DELETE			1.1 TITLE		ADDITIONO/OFFIANOEO TO OFFIAE		☐ Chang		Addition
NAME	MUDRY, LOUIS M.			1.2 NAME						
STREET ADDRESS 1401 BRICKELL AVE., SUITE 700			1.3 STREET ADDRESS		DORESS					ļ
CITY-ST-ZIP MIAMI FL 33131			1.4 CITY-ST-ZIP							
TITLE	AS DELETE			2.1 TITLE				Chang	је [Addition
NAME	,			2.2 NAME						
STREET ADDRESS 1401 BRICKELL AVE., STE 700			2.3 STREE	T AD	ODRESS					
CITY-ST-ZIP MIAMI FL			2.4 CITY-	ST-Z	ZIP -	• <u> </u>				
TITLE	D DELETE							Chang	je [Addition
NAME				3.2 NAME						
STREET ADDRESS	A SA A PROPERTY AND AND TOO			T AD	DDRESS			•		Ì
C/TY-ST-ZIP				3.4. CITY+ST-ZIP		·				
TITLE	PD	☐ DELETE 4.1T		4.1 TITLE			I	Chang	}e [Addition
NAME	EL KHEREIJI, YOUSSEF			4. 2 NAME						
STREET ADDRESS	ALCO ADMINISTRATION AND AND THE			4.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 4			4.4 CITY-ST-ZIP						
TITLE	/D □ DÉLETE 5.		5.1 TITLE				1	☐ Chang	је [Addition
			5.2 NAME							
STREET ADDRESS 1401 BRICKELL AVE., SUITE 700 5.3			5.3 STREE	T AD	DORESS					
CITY-ST-ZIP	MIAMI FL 33131 54CI			51-Z	JIP P					
πιε	VD .	☐ DELETE	6.1 TITLE				1	☐ Chang	;е [Addition

MIAMI FL 33131 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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

EL KHEREIJI, FAISAL

1401 BRICKELL AVE., SUITE 700

NAME

STREET ADDRESS

CITY-ST-ZIP