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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 14 1997 8:00am Secretary of State

| 1997 DIVISION OF CORPORATIONS | | | | | | Secretary of State | | | |
|---|--|--|---|--|------------------------------|--|--|--|--|
| 1 | MENT # P9200 | 0001767 | | | | | | | |
| HANCO I | REALTY CORPORATION | | | Annes mal Me (shirt smillen Mette lakur kuur | | | | | |
| | | | | | | | | | |
| Principal Place | of Business | Mailing Addre | | | | | | | |
| 1234 NW 79TH | ST. | 1234 NW 79TH | | | | | | | |
| MIAMI FL 33147-8212 | | | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified | 3a. Date of Last Report | | |
| | | | | | | 10/29/1992 | 06/12/1996 | | |
| 2. Principal Pla | ace of Business | _ | 2a. Mailing Address | | | 4. FEI Number | Applied For | | |
| 21 | | | 26 | | | 65-0365237 | Not Applicable | | |
| Suite, Apt. # | i, etc. | Suite, Apt | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | S8.75 Additional Fee Required | | |
| City & State | | City & Sta | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | | | |
| Zip | Country 25 | Zip 29 | 30 | Country | | 8. This corporation has liability for it | ntangible tax under s. 199.032, Yes | | |
| 9. Name and Address of Current Registered Agent | | | | <u> </u> | | 10. Name and Address of New Registered Agent | | | |
| SAVELLE, ELYSA | | | | | Name | | | | |
| 1234 NW 79TH ST. | | | | 82 | Street Add | fress (2.0. Box Number is Not Acceptab | (e) | | |
| MIAMI FL 33147 | | | | | | | ·-· | | |
| | | | | 83 | | | | | |
| | | | | 84 | City | | FL 85 Zip Code | | |
| 11. Pursuant to office or re agent. I arr | o the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with, and accept the obl | 502 and 607.1508, Fli ate of Florida. Such ch ligations of, Section 60 | orida Statutes, lange was auth 07.0505, Florida | the above orized by a Statutes | named corpora the corpora | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of changing its registered t the appointment as registered | | |
| SIGNATURE _ | | | | | | | | | |
| | gnature, typed or printed name of registered | | ired when reinstating) | DATE | | | | | |
| 12. | D OFFICERS A | AND DIRECTORS | DELETE | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE NAME | SAVELLE, ELYSA | | PERMI | 1.2 NAME | | | L. Change L. Addition | | |
| STREET ADDRESS | 400 - 1134 | | | 3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAM! FL | | , [| 1.4 CITY-S | | | | | |
| VII 1 - 01 - 611 | · ·- ···· · · · | | | 1400110 | | | | | |

| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NO | 7E; Registered Agent signature | required when reinstating) | DATE | | | |
|----------------|---|--------------------------------|---|---------------|---------|------------|--|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | D CELETE | 1,1 TITLE | | | Change | ☐ Addition | |
| NAME | SAVELLE, ELYSA | 1.2 NAME | | • | | | |
| STREET ADDRESS | 1234 N.W. 79TH ST. | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | | · _ · - · · - | | | |
| TITLE | DELETE | 2.1 TITLE | | | Change | ☐ Addition | |
| NAME | | 2.2 NAME | | | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 2. 4 DITY - ST - Z/P | | | | | |
| TITLE | ☐ DÉLÉTA | 3.1 T/TLE | | | Change | Addition | |
| NAME | | 3.2 NAME | | | | 1 | |
| STREET ADDRESS | | 3.3 STREET ACIDRESS | | | | | |
| CITY-ST-ZIP | | 3.4. CITY - ST-ZIP | | | | | |
| TITLE | DELETE | 4.1 TITLE | | | Change | Addition | |
| NAME | | 4. 2 NAME | | | | ĺ | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 4.4 CITY - ST - ZIP | | | | | |
| TITLE | ☐ DELETE | 5.1 T)TLE - | | | Change | Addition | |
| NAME | | 5.2 NAME | | | | i | |
| STREET ACCRESS | 1 | 5.3 STREET ADDRESS | | | | ļ | |
| _CITY-ST-Z:P | | 5.4 CITY-ST-ZIP | <u> </u> | | |] | |
| TITLE | ☐ DELETE | 6.1 TITLE | , , | | Change | Addition | |
| NAME | | 6.2 NAME | | | | | |
| STREET ADDRESS | | 6.3 STREET ADORESS | | | | ĺ | |
| CITY-ST-2IP | | 6.4 CITY - ST - ZIP | | | | | |

14. I do hereby certify that the information supplied with this tilling 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.

E034 (9/96)