

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000000867 (0)

1. Corporation Name

ST. GEORGE REAL ESTATE, INC.

Principal Place of Business

200 S. BISCAYNE BLVD.  
SUITE 4815  
MIAMI FL 33133

Mailing Address

200 S. BISCAYNE BLVD.  
SUITE 4815  
MIAMI FL 33131-5312

3. Date Incorporated or Qualified  
01/06/1993

3a. Date of Last Report  
05/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number  
65-0392503

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALUSSOLIA & ASSOCIATES  
200 S. BISCAYNE BLVD., SUITE 4815  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and box if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ZERBONE, ALESSANDRO  
STREET ADDRESS 390 GRECO AVE., SUITE 104  
CITY- ST- ZIP CORAL GABLES FL 33146

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

D

BERETTA, MARCO  
200 S. Biscayne Blvd. Ste. 4815  
Miami, FL 33131

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

P/T/S

ZERBONE, ALESSANDRO  
330 Greco Ave. Ste. 104  
Coral Gables, FL 33146

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 12 or Block 13 including, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALESSANDRO ZERBONE

(305) 461-3244

Date

Daytime Phone #

0173002

CR2E034 (9/96)