# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:22

DOCUMENT # **P93000009689 (9)**

1. Corporation Name
**KEYSTONE REALTY ADVISORS, INC.**

Principal Place of Business
4665 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
4665 PONCE DE LEON BLVD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Business Operations Commenced: 02/09/1993
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
State, Apt. # or Suite — 22 / 27
City & State — 23 / 28
Zip / Country — 24 / 25 / 29 / 30

4. FEI Number: 65-0419529 — 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. 199.042, Florida Statutes. ☐ Yes, ☐ No

9. Name and Address of Current Registered Agent

ALVAREZ, VICTOR M
4900 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI FL 33131-2352

10. Name and Address of New Registered Agent

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 Section 607.0502, 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 — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12 |
|---|---|---|
| TITLE | D | 11 TITLE ☐ Change ☐ Addition |
| NAME | HOPKINS, CARTER W JR | 12 NAME |
| STREET ADDRESS | 4665 PONCE DE LEON BLVD | 13 STREET ADDRESS |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 14 CITY-ST-ZIP |
| TITLE | D | 21 TITLE ☐ Change ☐ Addition |
| NAME | WOOD, THOMAS D | 22 NAME |
| STREET ADDRESS | 4665 PONCE DE LEON BLVD | 23 STREET ADDRESS |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 24 CITY-ST-ZIP |
| TITLE | D | 31 TITLE ☐ Change ☐ Addition |
| NAME | WOOD, THOMAS D JR | 32 NAME |
| STREET ADDRESS | 4665 PONCE DE LEON BLVD | 33 STREET ADDRESS |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 34 CITY-ST-ZIP |
| TITLE | D | 41 TITLE ☐ Change ☐ Addition |
| NAME | FAY, MICHAEL T | 42 NAME |
| STREET ADDRESS | 4665 PONCE DE LEON BLVD | 43 STREET ADDRESS |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 44 CITY-ST-ZIP |
| TITLE | D | 51 TITLE ☐ Change ☐ Addition |
| NAME | BRIGHAM, EDWARD J | 52 NAME |
| STREET ADDRESS | 4665 PONCE DE LEON BLVD | 53 STREET ADDRESS |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 54 CITY-ST-ZIP |
| TITLE | D | 61 TITLE ☐ Change ☐ Addition |
| NAME | SMITH, MARSHALL G | 62 NAME |
| STREET ADDRESS | 4665 PONCE DE LEON BLVD | 63 STREET ADDRESS |
| CITY-ST-ZIP | CORAL GABLES FL | 64 CITY-ST-ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

**SIGNATURE:** — SIGNATURE AND TYPED OR PRINTED NAME OF SOME OFFICER OR DIRECTOR — 1-24-95 (DATE) — (305) 663-7044 (TELEPHONE NUMBER)

0160382 CP