SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 NOV 13 AM 10:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000009689 (9)

1. Corporation Name
KEYSTONE REALTY ADVISORS, INC.

REINSTATEMENT

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

3. Date Incorporated or Qualified: 02/09/1993
3a. Date of Last Report: 05/29/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 200 S. Biscayne Blvd	26 200 S. Biscayne Blvd.
Suite, Apt. #, etc. 22 Ste. 5100	Suite, Apt. #, etc. 27 Ste. 5100
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

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)
700100234810 7--3
83 -11/14/97--01112--002
****758.75 ****758.75
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPKINS, CARTER W JR 4665 PONCE DE LEON BLVD CORAL GABLES FL 33134 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, THOMAS D 4665 PONCE DE LEON BLVD CORAL GABLES FL 33134 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, THOMAS D JR 4665 PONCE DE LEON BLVD CORAL GABLES FL 33134 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAY, MICHAEL T 4665 PONCE DE LEON BLVD CORAL GABLES FL 33134 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARSHALL G 4665 PONCE DE LEON BLVD CORAL GABLES FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ 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 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (4/97)