FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 MAY 10 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015380 (7)**

1. Corporation Name

STERLING REALTY KEY BISCAYNE, INC.

Principal Place of Business	Mailing Address
161 CRANDON BLVD #415 KEY BISCAYNE FL 33149	825 S. BAYSHORE DR. SUITE 1847 MIAMI FL 33131

3. Date Incorporated or Qualified: **03/01/1993**

3a. Date of Last Report: **11/09/1995**

4. FEI Number: **APPLIED FOR** 65-0639764 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 999 Brickell Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1006
City & State 23	City & State 28 Miami, Florida
Zip / Country 24 / 25	Zip / Country 29 33131 / 30 USA

9. Name and Address of Current Registered Agent

BAIER, KIRSTEN I ESQ
825 S. BARSHORE DR.
SUITE 1847
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: BAIER, KIRSTEN I., ESQ.

82 Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Avenue

83 Suite 1006

84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: K Baier (Signature of new registered agent, if changing) DATE: 3-25-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BAIER, KIRSTEN I		1.2 NAME		
STREET ADDRESS	825 S. BAYSHORE DR. #1847		1.3 STREET ADDRESS	999 Brickell Avenue, Suite 1006	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Miami, Florida 33131	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 if changed, added, or deleted.

SIGNATURE: K Baier President (305) 372-0288 3-25-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #