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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019625 (1)

REOL INVESTMENT, CORP.

Principal Place of Business

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



MIAMI FL 83155		MIAMI FL 33165-2128 US							
					·	3. Date Incorporated or Qualified 03/11/1993		le of Last 11/1996	Report
2. Principal Place of Business 2a. Mailing Address 21 2725 5W. 1/5 AUE 2a. Z 725 5.0					1cc	4. F£I Number 65-0400421			applied For
21 X/Z Sulte, Apt.	2 2, W. 1/5 AVE	26 2725 S.W Suite, Apt. #, etc.	113	er	· · · · · ·	0070400421			lot Applicable Additional
2	π, σιο.	27			1	5. Certificate of Status Desired			Additional lequired
City State	ui. th	City State 28 MAMi.	FL	FL.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 33/	65 Country A	7033/65	Col	intry	SA	8. This corporation has liability for in		_	s. 199.032,
24 271	9. Name and Address of Currer	1 Registered Agent	[30]	·		f lorida Statutes 10. Name and Address of New Rec	Yes _		
CHA	O, RENE			81	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·gont	
2725 SW 115 AVE				82 Street Address (P.O. Box Number is Not Acceptable)					
MIAI		;	U 2	Sireet Addi	foress (F.O. Box Number is Not Acceptable)				
				83					
				84	City		<u></u>	85 Zip	Code
44 Puremont	to the provisions of Continue COZ OCC	2 and 607 160P Florida Stated	tor the st		named see	oration submits this statement for the pr	FL	phone in a	ilo rociolore -
agent I a SIGNATURE	m familiar with, and accept the oblig-	ations of, Section 607.0505, Fl	orida Stat	utes	j.	ion's board of directors. I hereby accep	.,	uniument a	s registered
12.	Signature, typod or printed name of registered ago OFFICERS AN			d Age	nt signature requir	ed when reinstating)	DATE	DIDECTO	DO 141 40
TITLE	P	DELETE	13. 1.1 11			ADDITIONS/CHANGES TO OFFICE		Change	
NAME	CHAO, RENE		1.2 N/					Onego	
STREET ADDRESS	2725 SW 115 AVE		1.3 \$1	Réel	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CI	IY-S	1 - ZIP				
TITLE	V DELETE			I L F		14.4.4.		Change	Addition
NAME	CHAO, OLGA M		2.2 NA	AME					
STREET ADDRESS	2725 SW 115 AVE		1		ADDRESS				
CITY-S1-ZIP	MIAMI FL	DELETE	2.4 C		ST-ZIP			Chapma	Addition
TITLE NAME		□ DELLIE	3.1 TH			•"		Change	Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CI						
TITLE		☐ DELFTE	4.1 1)1					Change	Addition
NAME			4 2 N	AME					
STREET ADDRESS			4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI		1 - ZIP				
TITLE		☐ DELETE	5.1 TJT				İ	Change	Addition
NAME CTOTET ADDOLCC			5.2 NA		1000100				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		1-711			Change	Addition
NAME		<u> </u>	62 NA				'		
STREET ADDRESS					address				
CITY-ST-ZIP			6.4 CI						
information I am an of	n indicated on this annual report or s	upplemental annual report is t the receiver or trustee empow	rue and a ered to e	ccu	rate and that	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal as required by Chapter 607, Florida St	effect as	if made ur	ider oath, th