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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE

Sanora B. Mortham Secretary of State

DOCU	1996 JMENT # P93		OF CORPORATIONS		
1. Corperation	ON NAME Y LESSER REALTY, IN	•	.~)	E INCHESE INC MAINE LINE AND AND AND	# 11 81 1115
Principal Plac	ce of Business	Mailing Adeleges			
333 W. 47TH STREET MIAMI BEACH FL 33140 US Mailing Address 5950 LA GORCE (MIAMI BEACH FL US					
				 Date Incorporated or Qualified 06/02/1993 	3a. Date of Last Report 03/13/1995
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		65-0420638	Not Applicabl
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
4	25	29	30	This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
	9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
	A GORCE DR. BEACH FL 33140		82 Street Add 83 84 Orty	fress (P.O. Box Number is Not Acceptabi	
1. Pursuant I or register familiar wit	to the provisions of Sections 60 red agent, or both, in the State of the and accept the obligations of	7.0502 and 607.1508, Florida Statu of Florida, Such change was author f, Soction 607.0505, Florida Statute	ites, the above-named corpo ized by the corporation's boa	ration submits this statement for the purp ard of directors. Thereby accept the appo	FL 85 Zip Code
SIGNATURE					Tall
2.	Signature, typed or previous number of registers OFFICER	et agent and the inapplicable IN RS AND DIRECTORS	Oth Fregistered Agent signature require 13.		LIATE
TLE	PST	DELETE	1 1 TILE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change
AME	CURLESS, DIANE		1.2 NAME		Change Modition
TREET ADDRESS Ty-St-zip	5950 LA GORCE DR. MIAMI BCH. FL		1.3 STREET ADDRESS		
ILE	MINIMI DOTT. TE	DELETE	2 1 TILLE		
ME			2 2 NAME		Change Addition
REET ADDRESS			2.3 STREET ADDRESS		
Y - ST - ZIP LE		Fine ser	24 CITY - S1 - ZIP		
ME		DECETE	3 1 TITLE		☐ Change ☐ Addition
REET ADDRESS			3.2 NAME 3.3 STHEET ADDRESS		
TY-ST-ZIP			3.4 CHY - ST - ZIP		
LE		DELETE	4 TITLE		Change Addition
ME REET ADDRESS			4.2 NAME		
Y-ST-ZIP			4 3 STREET ADDRESS		•
.F		DESETE	4 4 CHTY - ST - ZIP 5 1 THTLE		Change District
VE .			5 2 NAME		Change Addition
IEET ADDRESS			5 3 STREET ADORESS		
Y-ST-ZIP LE		F) DELETE	5 4 CITY- ST-ZIP		
		T DETEIF	6 1 TITLE		Change Addition
i					
		_	64010 01 30		
IAME ITREET ADDRESS ITY-ST-ZIP 4. I do heraby certify that t	certify that the information supp the information indicated on this am an officer or director of the o Block 12 or Block 12 if changed	DELETE Dilied with this filing is voluntarily furn annual report or supplemental ann corporation of the receiver or truste to on an intachment with an addr	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP sheet and does not qualify fo	or the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Floric	(3)(k) Florida Statutes 16