SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'94 AUG -8 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073124 (8)**

1. Corporation Name
INVESTMENT GROUP REALTY, INC.

Mailing Address	Principal Place of Business
~~3785 NW 82ND AVE~~	~~3785 NW 82ND AVE~~
~~SUITE 310~~	~~SUITE 310~~
~~MIAMI FL 33166~~	~~MIAMI FL 33166~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1993
3a. Date of Last Report:

2. Mailing Address
21: 3827 SW 8th St
22: Suite, Apt. #, etc.
23: City & State: Coral Gables, Fl
24: Zip: 33134
25: Country: USA

2a. Principal Place of Business
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0453123 — 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ RAMON
3785 NW 82ND AVE
SUITE 310
MIAMI FL 33166

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 Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Ramon Gonzalez — 7/29/94
Signature, typed or printed name of registered agent and title if agent is an officer — NOTE: Registered Agent signature required where applicable — Date

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN '94
11 TITLE	P/V/T	
12 NAME	GONZALEZ RAMON	
13 STREET ADDRESS	~~3785 NW 82ND AVE SUITE 310~~ 3827 SW 8th St	
14 CITY ST ZIP	~~MIAMI FL 33166~~ Coral Gables, Fl	
21 TITLE	VP	
22 NAME	Denis Salamo	
23 STREET ADDRESS	3827 SW 8TH ST	
24 CITY ST ZIP	Coral Gables, Fl	
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely false/true and does not qualify for the exemption stated in Section 119, 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 below constitutes my oath, that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Ramon Gonzalez — 7/29/94 — 4RF-9869
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Telephone