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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000013825 (2)

SNOWRIBDS	INTERNATIONAL	REALTY.	INC.

SNOWBIRDS INTERNATIONAL REALTY, INC.								
Principa' Place	of Business	Mailing Addres	s			I TORRINGO ATO ADDIA DO IN SOCIA SOCIA SOCIA SOCIA SOCIA SOCIA SOCIA SOCIA		
SUITE 717 SU		SUITE 717	100 BAYVIEW DRIVE SUITE 717 MIAMI FL 33160					
		MIAMI FL 33				3. Date incorporated or Qualified 3a. Date of Last Re 02/18/1994 03/22/199		
2. Principal Pla 21	ice of Business	2a. Mailing Add	lress			ADDITED FOR	pplied For ot Applicable	
Suite, Apt. #	t, etc.	Suite, Apt.	#, etc.				Additional equired	
City & State		City & State					May Be to Fees	
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	30 Co	untry		8. This corporation has liability for ntangible tax under s Florida Statutes 🔯 Yes 🗆 No	199.032,	
	9. Name and Address of Curr	ent Registered Agen	t	],		10. Name and Address of New Registered Agent		
				81	Name			
FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD.			82		Street	Acidress (P.O. Box Number is Not Acceptable)		
SUITE 4				83				
HOLLYW	VOOD FL 33020			84	City	<b>85</b> Zip	Code	
44.5	70 1 007.00	00 10074600 51	TO BROOTS IN LINE	1		or cration submits this statement for the purpose of changing its re	sistered office	
or registere familiar witi	ed agent, or both, in the State of Fik h, and accept the obligations of, Se	orida. Such change wa	s authorized by the	COLFR	oration's	s board of directors. Thereby accept the appointment as registered a	igent. I am	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and site if acceptable	(N° H. Beyester	d A <b>y</b> aa	Ls.gradore	hapinest when representings (DAT)		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	PD	<b>P</b> ) DE		1rit,F		PRC SIDE NT Change	Redition 🔽	
NAME	FEDER, LAWRENCE H 100 BAYVIEW DRIVE #717		l.	NAME	ADDDE CC	MICHAEL STERN 100 BAYURW DE. #717		
STREET ADDRESS	MIAMI FL 33160			DINEE: Diny-S	ADDRESS	miami FL. 33160		
CHY-ST-7IP TITLE	MINAMI I C 33 100	[] DE		nne Me	1-715	[] Change	Addition	
NAMĘ				NAME			_	
STREET ADDRESS			233	STREET	ADDRESS			
C-TY-ST-ZIP			240	CITY-S	T- ZIP			
TITLE		□ DE	(ETE 3 1	me		☐ Change	Addition	
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP				HILE TILE	1 - 711	Cnange	Addition	
TITLE		[] D,		NAME				
NAME STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				OITY - S				
11/16		DE	· · · · · · · · · · · · · · · · · · ·	1111.F	LET	Change	Addition	
NAME			52	NAM:				
STREET ADDRESS			5.3	STREET	ADDRESS			
CITY - ST - ZIP				CITY-S	1 - ZIP	900001767509		
TITLE		D	LETE 6 1	TITLE		900001767509 -04/03/9601012021 <sup>01ange</sup> ***200.00	Addition	
NAME			6.2	NAME		***200.08	Oto	
STREET ADDRESS			6.3	STHEET	ADDRESS		4-2	
C(1) C1.7(P			6.4	city - s	* .7iP		, •	

14. Ldo 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)(k). 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 by on an attachment with an address.

SIGNATURE:

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

File 5 /16 (868 1133)