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

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR -1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027046 (9)

1. Corporation Name
5757 COLLINS AVENUE REALTY CORPORATION

Principal Place of Business	Mailing Address
C/O ALBERTO MORIS 6161 BLUE LAGOON DRIVE MIAMI FL 33126	C/O ALBERTO MORIS 6161 BLUE LAGOON DRIVE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21: Nancy Barshter, Becker & Poliakoff
Suite, Apt. #, etc.: 22: 6161 Blue Lagoon Dr.
City & State: 23: Miami, FL 33126
Zip: 24:
Country: 25:

2a. Mailing Address
26: c/o Nancy Barshter Becker & Poliakoff
Suite, Apt. #, etc.: 27: 6161 6161 Blue Lagoon Drive
City & State: 28: Miami, FL 33126
Zip: 29:
Country: 30:

4. FEI Number: 650483993 ☐ 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 [illegible]

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORIS, ALBERTO
BECKER POLIAKOFF
6161 BLUE LAGOON DRIVE
MIAMI FL 33126

10. Name and Address of New Registered Agent

91 Name: Nancy Barshter (Becker & Poliakoff)
92 Street Address (P.O. Box Number is Not Acceptable): 6161 Blue Lagoon Drive
93: Miami
94 City: FL 95 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: Nancy Barshter, Esq. for Becker & Poliakoff, P.A. DATE
(Required: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE	P	☐ Change ☐ Addition
NAME	PINEDA, MARIA	12 NAME	PINEDA, MARIA	
STREET ADDRESS	6161 BLUE LAGOON DRIVE	13 STREET ADDRESS	6161 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI FL 33126	14 CITY-ST-ZIP	Miami, FL 33126	
TITLE	TD	21 TITLE	VP	☒ Change ☐ Addition
NAME	MAGRISSO, ISRAEL	22 NAME	BERNARD CANTOR, M./D.	
STREET ADDRESS	6161 BLUE LAGOON DRIVE	23 STREET ADDRESS	6161 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI FL 33126	24 CITY-ST-ZIP	Miami, FL 33126	
TITLE	VD	31 TITLE	T	☒ Change ☐ Addition
NAME	KUPERSTEIN, STANLEY	32 NAME	Jacqueline Salazar, M.D.	
STREET ADDRESS	6161 BLUE LAGOON DRIVE	33 STREET ADDRESS	6161 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI FL 33126	34 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	41 TITLE	S	☒ Change ☐ Addition
NAME	GARCIA, ELDA	42 NAME	Pat Pisano	
STREET ADDRESS	6161 BLUE LAGOON DRIVE	43 STREET ADDRESS	6161 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI FL 33126	44 CITY-ST-ZIP	Miami, FL 33126	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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, or on an attachment with an address.

SIGNATURE: Maria Pineda PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

1-26-95 (305) 864-8450
Date (Daytime Phone #)

01283763 CR