## 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

Principal Place of Business

DOCUMENT #
1. Corporation Name

P94000055598 (4)

Mailing Address

RICK'S REAL ESTATE CO	ORPORATION
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9485 S.W. 72 ST. 9485 S.W. 72 ST. SUITE 150-A SUITE 150-A **MIAMI FL 33173** MIAMI FL 33173 3. Date Incorporated or Qualified 3a. Date of Last Report 07/27/1994 04/26/1995 2. Principal Place of Business
21 /3500 N- Kendall Daive 4. FEt Number 2a. Mailing Address Applied For 65-0508264 13500 N. Kendoll Drive 26 Not Applicable Suite, Apt. #, etc. 290 \$8.75 Additional 5. Certificate of Status Desired Fee Required & Ștato 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible Yes No 25 29 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SUAREZ, RICK J Street Address (P.O. Box Number is Not Acceptable) 11720 S.W. 119 TE **MIAMI FL 33186** 83 84 City Zip Code 85 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office ate of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am is of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions or registered agent NOTE: Registered Agent signatura required when reinstating: SIGNATURE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE Change: Addition TITLE 1. 1 TITLE SUAREZ, RICHARD NAME 1.2 NAME **CR2E034** 11720 SW 119 TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2 1 TITLE ☐ Change ☐ Addition TILE NAME 22 NAME STREET LADORESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE THILE 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME

64 CITY-SI-ZIP

14. I do hereby certify that the information supplied with his 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 appear in port 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 combration of 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 32 if Chapter 607, an any attachment with an address.

3.3 STREET ADORESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS.

4.4 City - St - ZiP

3.4 CiTY - ST - ZiP

4. 1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6. 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP

CITY-ST-ZIP

CHY-SI-ZIP

TITLE

NAME

TITLE

NAME

TIME

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

☐ DELETE

DELETE

4/25/96

(305) 386-8700

Change

Change

Addition

Addition

Addition