FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061339 (5)

CONDOMINIA REALTY, INC.

Principal Place of Business Mailing Address

FILED
May 07 1997 8:00am
Secretary of State

Principal Place	e of Business	Mailing Address		T I A DI I DOI 110 1616 G1611 BBII1 BDIII ADIII	PBRID BIIDI IIBBD HIIBB IIIIB IBII HBU I
7522 WILES RD BUITE B-210 OORAL GABLES	-	7522 WILES RD SUITE B-210 CORAL GABLES FL 33067-20)56		
: -		4		3. Date Incorporated or Qualified 08/19/1994	3a. Date of Lest Report 07/17/1996
		2a, Mailing Address		4. FEI Number	Applied For
21 3000		26 CONDONINIA	REALTY INC.	07-8501731	Not Applicable
Sulte Apt. 6	AUDERDALE, FLA	Suite, Apt. #, etc. 27 8000 N.E 80	& PLACE #306	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State	•	6. Election Campaign Financing	\$5.00 May Be
23		28 FT. LAUDERS		Trust Fund Contribution	Added to Fees
Zip	Country	Zip aaaaa	Country BROWALL	This corporation has liability for in	
24	9. Name and Address of Current	29 333 06 30 Registered Agent	of Broom has		Yes No
	FRO, EU		E.		
7622 WILES RD SUITE B-210 CORAL SPRING FL 33067 82 Street Addres				ess (P.O. Box Number is Not Acceptabl い こ る	e)
UUN	IAL OFNING FL 3300/		83	N.C 30 prince	SUITE 306
			FT. LA	AUDERDALE, FLA	33306
			84 City	1100000	FL 85 Zip Code 33306
44 Pursuant I	to the provisions of Spections 607 0502	and 607 1508 Florida Statutos	the above-named corp	AUDIO VALUE	urooco of obangina ita ragistarad
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 appliar vity and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE (L. T. T. SOFAD OWNER) Signature typer or printed name of registered agent and title if at princable (NOTE: Registered Agent streature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12
TITLE	DPST	DELETE	1.1 TOLE	()	Change Addition
NAME	SOFRO, ELI		1.2 NAME		
STREET ADDRESS	3000 N.E. 30TH PLACE, #204		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		1.4 CITY - ST - 2IP		
TITLE		☐ DELETE	2.1 1 TLE -		☐ Change ☐ Addition
NAME	4		2.2 NAME		
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		2. 4 CITY - ST - ZIP		
TITLE	<u> </u>	☐ DELETE	3.1 TITLF		Change Addition
NAME	l		3.2 NAME		
STREET ADDRESS	l		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE	l	☐ DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME .		
STREET ADDRESS	l		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - ZiP	/- 	
TITLE	1	☐ DELETE.	5.1 TITLE		Change Addition
NAME	l	!	5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP	 	Detere	5.4 CHTY - ST - ZIP		Change Addition
TITLE	1	☐ DFLETE	6.1 TITLE		Change L Addition
NAME	l	!	6.2 NAME		
STREET ADDRESS	1	!	6.3 STREET ADDRESS		
CITY-ST-ZIP	by earlify that the information supplied	with this Allocadose not availed	for the exemption stated	in Section 110 07/3Vil Florida Statulos	Liferthan partific that the
14. I do hereby certify that the information supplied with this fling 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 dignual 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 by trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name					
l am an officer or director of the corporation or the receiver of trustee ennowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.if criangen, or on an allockment with an address.					