

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000076497 (4)**

1. Corporation Name
AIB REALTY, INC.



Principal Place of Business: **2500 N.W. 79TH AVENUE MIAMI FL 33122**
Mailing Address: **2500 N.W. 79TH AVENUE MIAMI FL 33122**

3. Date Incorporated or Qualified: **10/18/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0531215**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 27 []
City & State: 28 []
Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent: **LOPEZ, JORGE A 2500 N.W. 79TH AVENUE MIAMI FL 33122**
10. Name and Address of New Registered Agent: 81 Name []
82 Street Address (P.O. Box Number is Not Acceptable) []
83 []
84 City [] 85 Zip Code **FL**

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: [Signature] (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANOS, RAIMUNDO J	1.2 NAME	
STREET ADDRESS	2500 N.W. 79TH AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE M	2.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORGAS, ED S	3.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JORGE A	4.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, JOHN M	5.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JESUS	6.2 NAME	D FERNANDEZ, SERGIO
STREET ADDRESS	2500 NW 79 AVE	6.3 STREET ADDRESS	2500 N.W. 79TH AVE
CITY-STATE-ZIP	MIAMI FL	6.4 CITY-STATE-ZIP	MIAMI, FL 33122

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)(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, or on an attachment with an address.

SIGNATURE: [Signature] **JORGE A. LOPEZ** 4/29/96 (305) 715-0000 Ext 3379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)