FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of Stale 1006 DIVISION OF CORPORATIONS

	1330	51VISION OF C	OH CHATIONS				
DOCUN 1. Corporation PREST	MENT # P94000 (NAME FIGE INVESTMENTS REALTY, 1	078649 (8 inc.)				
					II EDEN ODEN ITOU HUIS	01311 01010 101 1 3 60 1	
8234 REAR N.W. 14TH STREET Miami Fl 33126 US		Mailing Address 8234 REAR N.W. 14TH STREET MIAMI FL 33126 US					
				Date Incorporated or Qualified 10/24/1994	3a. Date of Last Report 08/10/1995		
	9 NW 82 nd AVR 26	a. Mailing Address 1569 NW	82 no ant	4. FEI Number APPLIED FOR 65	-0630600	Applied For Not Applicable	
Suite, Apt #	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional	
City & State 23	1m x F + 28	City & State	FL	Election Campaign Financing Trust Fund Contribution	_□ \$5.0	Required May Be	
Zip	Country	ŽID	Country	8. This corporation has liability for it		ed to Fees s 199 032	\dashv
24 3317	16 25 Dave UM 29	33126	30 Dale usa	Florida Statutes 🔲 Yes	□No	700.001	
	9. Name and Address of Current Reg	istered Agent		10. Name and Address of New R	egistered Agent		
RAMIREZ, ABEL 8234 REAR N.W. 14TH STREET MIAMI FL 33126			83	ess (P.O. Box Number is Not Approtate 29 HW & Z	lui_	2jp Code 33/26	_
familiar with	the provisions of Settions 6.07 05.2 and 6 diagent, or both in the Stath of Foricki. Su and accept the obligations of Section 60 gration back of February Section 60 OFFIGERS AND DIRECTION OF THE PROVIDED THE PROVI	r.0505, Florida Statutes.	by the corporation's boar fact which was a received to the section of the section	ation submits this statement for the purific of directors. Thereby accept the appointment of the submit of the sub	DAJE		
TITLE	Р	DELFTE	1 1 TULE		☐ Change	<u>-</u>	12
NAME	RAMIREZ, ABEL		1.2 NAME				X
STREET ADDRESS	3520 S.W. 130TH AVENUE		1.3 STREET ADDRESS				CR2E034 (12/95)
CITY-ST-ZIP	MIAMI FL 33175		14 CITY - ST-ZIP		·		_[딾
TITLE	S Fritz, Charles	DELETE	2 3 10°CF		Change	☐ Addition	10
NAME	9400 S.W. 110TH TERRACE		2.2 NAME				
STREET ADDRESS CITY-ST-ZIP	MIAM! FL 33176		2.3 STREET ADDRESS				
TITLE		[7] DELETE	2.4.C(TY - \$1 - Z(P) 3.1.1.(LE)		Change	Addition	-
NAME		_	3.2 NAME		O tange	[_] Radition	
STREET ADDRESS			3.3 STREET ADDRESS				
CHY-ST-ZIP			3 4 CHTY ST-ZIF				
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NAME			4.2 NAME			_	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CFTY - ST - ZFP				
TITLE		DELETE	5 THILF		☐ Change	Addition	1
NAME	-		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			540:TY ST-ZIP				
TITLE		☐ DELETE	6 1 T TLF		Change	■ Addition	
NAME OTRICET ADDRESS			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
14. Ldo hereby	certify that the information supplied with the	is filma is valuataria fusish	64 CHY ST-ZIP	y the everythee stated in Section 4:20	279 da Ele-da Occid	des If the	4
++ 4'4 AL -4 A	certify that the information supplied with the	is iming is voluntarily turnish	ea and goes not grainly to	z me exemplion stated in Section 119.0	ル付め(K), Horida Statu	деs. Hurther	1

certify that the information indicated on this artiful report or superioritial 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 in the naceurate 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, if or an attackment with an address

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytone Phone #

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