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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

P94000081155 (1)

H & M REALTY, INC.

Principal Place of Business	

Mailing Address

2150 NE 211 ST

2150 NE 211 ST



N MIAMI BEACH FL 33179		N MIAMI BEACH FL 33179						
						3. Date Incorporated or Qualified 11/04/1994	i	of Last Report /01/1995
2. Principal Place of Business 2a. Mailing Addres			S			4. FEI Number		Applied For
21		26				65-0559640		Not Applicable
Suite, Apt.	Suite, Apt #, etc.	iite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
22 Ca : 9 Ctar		Orty & State				6. Election Campaign Financing		······
City & State	e	28				Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Co	untry		8. This corporation has liability for	intanoible tax	
24	25	29	30	,			on 🔲	
	9. Name and Address of Curren		1221	T		10. Name and Address of New F	Registered A	gent
			81	Nanie				
ornou	MANU DADDADA				<u> </u>	(D.C. County or in Not Appendix	ula)	
	IANN, BARBARA			82	Street Add	dress (P.O. Box Number is Not Acceptal	ле;	
	E 211 ST			83				
N MIAN	AI BEACH FL 33179							
				84	Oity		FL	85 Zip Code
44 Discussion	to the earliespe of Costions 607 (600	and 607 1609 Flor do Statu	toe the at	10//0 /	namod coroc	pration submits this statement for the pu		raing its registered office
or register familiar wi SIGNATURE	ith, and accept the obligations of Secti	ian 607.0505, Florida Statute	es			ard of directors. I hereby accept the app		agistered agent. I am
	Signative, typed or protestinal result registered ages:				Control de récorte	ed while reinstating ADDITIONS/CHANGES TO OFF	DATE	NOCCIODO IN 10
12.	OFFICERS AND	D DIRECTORS	13	70165		ADDITIONS/CHANGES TO OF		Change Addition
TITLE	D						<u> </u>	Change Machier
NAME	BERGMANN,, BARBARA			NAME				
STREET ADDRESS	2150 N.E. 211TH ST.				ADDRESS			
CITY - ST - ZIP	N. MIAMI BEACH, FL 33179	ET OF SEC		1.4 CHY+ST-ZIP 2.1 TillE				Change
IIILE		[_] OELETE					L.	Change Madition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITYES	7 - ZIP			Change [] Addition
TITLE		DELETE		TITLE			L	Citatige [] Addition
NAME				NAME				
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP	<u> </u>	ED DOLETO		CHY-S	r - 21P			Change Addition
TITLE		DELETE		TITLE			L.	Change
NAMÉ				NAME				
STREET ADDRESS					ADORESS			
CITY-S!-ZIP				CHY-S	T - 21F			Change Addition
TITLE		DEFELE		TITLE			L	Totalige Audition
NAME				MAME				
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP	 	FT) or ere		C-TY-S	T - ZIP			Change
TITLE		☐ DELETE		T:ILE			i_	Change
NAME				NAME	l			
STREET ADORESS								
J. T. C. T. T. C. T. C.				STREET CITY S	ADDRESS			

certify that the information indicated on this armual 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:

Daytinse Ptiene ≢

CR2E034 (12/95)