

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000084338 (0)

1. Corporation Name

TISHMAN REAL ESTATE INVESTMENT TRUST, INC.



Principal Place of Business

Mailing Address

2699 STIRLING ROAD
SUITE C-407
FT. LAUDERDALE FL 33312

2699 STIRLING ROAD
SUITE C-407
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified
11/16/1994

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 6200 STIRLING ROAD

26 6200 STIRLING ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DAVIE, FL

28 DAVIE, FL

Zip

Zip

Country

Country

24 33024

25 BROWARD

29 33024

30 BROWARD

4. FEI Number

65-0577327

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TISHMAN, WILLIAM J
72 IVY ROAD
HOLLYWOOD FL 33021

81 Name TISHMAN, WILLIAM J.

82 Street Address (P.O. Box Number is Not Acceptable)
18901 OAKMONT DRIVE

83

84 City MIAMI

FL

85 Zip Code

33015

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 type: Electronic (check if not) (check if applicable) (check if applicable)

(check if applicable) (check if applicable) (check if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME TISHMAN, WILLIAM J
STREET ADDRESS 72 IVY ROAD
CITY-ST-ZIP HOLLYWOOD FL 33021

DELETE

11 TITLE PSTD
12 NAME TISHMAN, WILLIAM J.
13 STREET ADDRESS 18901 OAKMONT DRIVE
14 CITY-ST-ZIP MIAMI, FL. 33015

Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change ☐ Addition ☐

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. TISHMAN

6/13/96

(954) 964-6774

DATE

Daytime Phone #

CR2E034 (3/96)