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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					
DOCUM	MENT # <b>P940</b>	00085175 (5)			
,	EVEN REALTY CORP.			I INDICESSA ME INCIDENTAL ENGLIS EN LE	60101 (818) BUIL NOU LEEN BUIL 1861
Principal Place o	of Business	Maining Address		I (ABAIRADI IIA EDISI DIBIL DELII DEIII B	IIII BAIDI IAIQI AHDI IIAN IBODI DIN IBOI
250 VALENCIA		250 VALENCIA			
CORAL GABLE	S FL 33134	CORAL GABLES FL 33134 US	•	Cueliford	3a. Date of Last Report
00				Date Incorporated or Qualified     11/22/1994	04/11/1995
2. Principal Plac	no of Business	2a. Maling Address		4. FEI Number	Applied For
195	5.W. 15 Rd	26 195 S	.W. 15 Rd.	65-0540759	Not Applicable
Suite, Apt. #		Suite, Apt. #. etc 3	04	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Miami- FI		City & State	FI.	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	29 33129	Gountry U.S.	8. This corporation has liability for in Florida Statutes Yes	
4 2312	9. Name and Address of Cu			10. Name and Address of New Re	gistered Agent
	GABLES FL 33134		83 M1	MI	FL 85 Zin Code 33172
11. Pursuant to or registere familiar ver SIGNATURE	o the provisions of Sections 607.6 ed agout, or both, in the State of in any accept the obligations of the first of the sections of the sections of the sections of the section of the sec	0502 and 607.1508, Florida Statutes Florida, Such change was authorized Section 607.0505, Florida Statutes	the above named corporation's bound of the corporation's bound of the corporation of the	oration submits this statement for the purp and of directors. Thereby accept the appo dent.	
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	Р	DELETE	1 1 HILF		Change 🔲 Addition
NAME	DURAN, JESUS		1.2 NAME 1.3 STREET ADDRESS	195 Sul 158d.	
STREET ADDRESS	250 VALENCIA		1.3.5 REET AUUFESS	195 S.W. 15Rd. M1471-Fl	
CITY - ST- ZIP	CORAL GABLES FL	☐ DELETE	2 1 T-TLE		Change Addition
NAME		<del></del>	2.2 NAME		
STREET ADDRESS			2.3 STHEET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST_ZIP		
TITLE		☐ DELETE	3 1 TILE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST- ZIP			3.4 CI** - S1 - ZI-*		Change Addition
TITLE		☐ DELETE	4 1 TITLE		ET change ET ventuon
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C-TY - ST - Z-P 5.4 TITLE		Change Addition
TITLE			5 2 NAME		
NAME			5 3 STREET ADDRESS		
STREET ADDRESS			5 4 CITY ST-ZIP		
City-ST-ZiP	<del> </del>	□ DELETE	6 1 1 11 F		Change Addition

64 CITY-S1-ZIP

14. If 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 discount 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 in changed, or on an attaction and address.

6.3 STREET ADDRESS

SIGNATURE:

President

5/29/96 305-860-8100