FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P95000000469 (3) REAL DEVELOPMENT, INC. Principal Place of Business Mailing Address 5451 W 9TH CT 5451 W 9TH CT HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/04/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For P.O. Box 2395 Suite, Apt. #, etc. 21 65-0557420 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Hialeah Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible 33012 Dade Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 24 25 30 ☐ No g. Name and Address of Current Registered Agent MARC BIRNBAUM PA 20801 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 400** 83 MIAMI FL 33180 84 City Zip Code 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 Horida. 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** (NOTE: Angistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. XX DELETE Change Addition TITLE 1.1 TITLE VAZQUEZ, ADALBERTO NAME 1.2 NAME 5451 W 9TH CT STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY - ST - ZIP D/P/S/T. ORTEGA, ORTANDO DELETE Addition TITLE 2.1 TITLE ORTEGA, ORLANDO NAME 22 NAME 5451 W 9TH CT 2.3 STREET ADDRESS 5451 W. 9th. CT STREET ADDRESS HIALEAH FL 33012 HIALEAH, F.A. 33012 CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ Addition DELETE TITLE 31 TITLE ☐ Change NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 permit attachment with an address. SIGNATURE:

NAME

STREET ADDRESS

2/23/98

827-6319

CR2E034 (10/97