1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90114 002 *1,050.00

DOCUMENT # P95000011321 1. Corporation Name								
Luxury Realty, Inc.								
Principal Place	<u> </u>	Mailing Address			t indiiner ine jeiet eint enin enin edin enin en	AL CORDER COME COM		
3390 NE 190TH ST 3390 NE 190TH ST								
#408 #408 AVENTURA FL 33180 AVENTURA FL 33180					DO NOT WRITE IN THIS SPACE			
AVENTURA FL 33190 AVENTURA FI US US			4 (2 33100		3. Date Incorporated or Qualifed			l
					02/08/1995			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	l	ied For		
		26		65-0574749		Applicable	l	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad			
22		27 Citý & State	محج مجد		6 Election Campaign Financing			١.
City & State	, S.C 2: 2	28		- ,	6. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution Added to Fees			[
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25 29 30						∃No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
			81	Name				
COLODNY, MICHAEL			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			ĺ
2000 W COMMERCIAL BOULEVARD			-		<u> </u>			ł
l .	E 232		83					
FT. LAUDERDALE FL 33309			84	City		85 Zip Co	ode	
				<u> </u>	FL	hanging its r	egietered	1
office or r	ogistered agent or both in the State (of Florida. Such change was autt	nonzea by	the corpora	rporation submits this statement for the purpose of clition's board of directors. I hereby accept the appoint	ment as regi	stered	ĺ
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if apolicable. (NOTE: Re	egistered Age	nt signature requ	ired when reinstating) DATE			۱.
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR		1 3
TITLE	P	☐ DELETE				Change	☐ Addition	1
NAME	SPIEGELMAN, PHILLIP		1.2 NAME	1				1
STREET ADDRESS	3390 NORTHEAST 190TH ST		1.3 STREE	TADDRESS				l į
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP			Change	Addition	Į į
TITLE	VP			İ		☐ Change	[_] Addition	`
NAME	STUDNICKY, CRAIG		2.2 NAME					
STREET ADDRESS	3390 NORTHEAST 190TH ST			TADDRESS				1
CITY-ST-ZIP	AVENTURA FL 33180	DELETE -	2.4 CITY-5	SI-ZIP		Change	Addition	ļ
TITLE		- Descrip	3.2 NAME				. — - : :	٦
NAME CODECT ADDRESS				T ADDRESS	•			Į
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-					1
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	1
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				ļ
CITY-ST-ZIP			4.4 CITY-5	T-ZIP]
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	1
NAME			5.2 NAME				•	
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP		T DELETE	5.4 CITY-S 6.1 TITLE	ii-ZIP		Change	☐ Addition	1
TITLE		☐ DELETE	6.2 NAME					
NAME			1	T ADDRESS				
STREET ADDRESS			6.4 CITY-5					
CITY OF TID			0.7 011113					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report as applemental 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 of under 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 for on an attachment with an address, with all other like empowered.

SIGNATURE: