

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # P95000014200 (6)

1. Corporation Name
REALTY USA & ASSOCIATES, INC.



Principal Place of Business 844 W 72 PL HIALEAH FL 33014	Mailing Address 844 W 72 PL HIALEAH FL 33014
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2. Principal Place of Business 21 1255 W 46th ST		2a. Mailing Address 26 1255 W 46th ST		3. Date Incorporated or Qualified 02/17/1995	3a. Date of Last Report 2/17/95
Suite, Apt. #, etc. 22 # 4		Suite, Apt. #, etc. 27 # 4		4. FEI Number 65-0566852	Applied For <input type="checkbox"/>
City & State 23 HIALEAH, FL		City & State 28 HIALEAH, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33012	Country 25 USA	Zip 29 33012	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent ROMERO, ARMANDO 844 W 72 PL HIALEAH FL 33014				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROMERO, ARMANDO 844 W 72 PL HIALEAH FL 33014				10. Name and Address of New Registered Agent	
81 Name JR. PONCE, JULIO		82 Street Address (P.O. Box Number is Not Acceptable) 7060 W 9th COURT			
83		84 City HIALEAH			
85 Zip Code FL 33014		DATE 4/9/96			

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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, ARMANDO	1. 2 NAME	
STREET ADDRESS	844 W 72 PL	1. 3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	1. 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCE, JULIO JR.	2. 2 NAME	
STREET ADDRESS	844 W 72 PL	2. 3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	2. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **4/9/96** DAYTIME PHONE #: **305 2616251**

CR2E034 (12/95)