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FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000014200 (6)
 1. Corporation Name
REALTY USA & ASSOCIATES, INC.



Principal Place of Business 1255 W 46TH ST STE 4 HIALEAH FL 33012 US	Mailing Address 1255 W 46TH ST STE 4 HIALEAH FL 33012-3257 US
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3. Date Incorporated or Qualified 02/17/1995	3a. Date of Last Report 04/18/1996
4. FEI Number 65-0566852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent JR PONCE, JULIO 7060 W 9TH CT HIALEAH FL 33014	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D ROMERO, ARMANDO	<input type="checkbox"/>
NAME	844 W 72 PL	
STREET ADDRESS	HIALEAH FL 33014	
CITY-ST-ZIP		
TITLE	D PONCE, JULIO JR.	<input type="checkbox"/>
NAME	844 W 72 PL	
STREET ADDRESS	HIALEAH FL 33014	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D ROMERO, ARMANDO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	15101 Fairlark Pl		
1.3 STREET ADDRESS	Miami Lakes FL 33016		
1.4 CITY-ST-ZIP			
2.1 TITLE	D Ponce, Julio Jr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	7060 w 9 ct.		
2.3 STREET ADDRESS	Hialeah FL 33014		
2.4 CITY-ST-ZIP			
3.1 TITLE	D Robaina, Julio	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	1897 W 63 Street		
3.3 STREET ADDRESS	Hialeah FL 33012		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 partner 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)