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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031144 (5)

FURST REALTIES INC.

校門衛命公藏四十五日

Principal Place of Business Mailing Address 1 SE BRD AVENUE E7TH FLOOR 1 SE 3RD AVENUE 27TH FLOOR MIAMI FL 83131 MIAMI FL 33131-1716 3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1996 04/20/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0586309 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERICAN INFORMATION SERVICES, INC 81 Name 1 SE 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 27TH FLOOR MIAMI FL 33131 83 84 City 85 Zio 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 Florida. Such change was authorized by the corporation's board of directors. If hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NO15: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) 13. DPST DETETE ☐ Change ☐ Addilion TITLE 1.1 TITLE FURST, FELIX F. 500002124505--03/26/97-01074-001 \*\*\*\*165.00 \*\*\*\*165.1 NAME 1.2 NAME 1 SE 3RD AVENUE 27TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*165.00 **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DITTE 3.1 711LE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Chang G.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

14. To 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 is supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the recover 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

NAME

STREET ADDRESS

CITY-ST-ZIP

les an

el. 10/92 514 327-950

APPROVED AND

FILED

1997 MAR 26 PM 12: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA