

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
IF NOT REINSTATED ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031179 (1)

Corporation Name

INMOBILIARIA OF SOUTH FLORIDA, INC.

FILED
Jul 15 1996 8:00 am
Secretary of State



1. Principal Place of Business 8729 VIA GUILIA BOCA RATON FL 33496		Mailing Address 8729 VIA GUILIA BOCA RATON FL 33496		3. Date Incorporated or Qualified 04/20/1995		3a. Date of Last Report	
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		4. FEI Number [REDACTED]		☒ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311				10. Name and Address of New Registered Agent			
				31 Name			
				32 Street Address (P.O. Box Number is Not Acceptable)			
				33			
				34 City FL 85 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 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 _____ (NOTE: Registered agent signature required when reinstating.)							
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							
SIGNATURE: _____							

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