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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000057239 (2)

1. Corporation Name  
MUNSER REALTY, INC.

Principal Place of Business

Mailing Address

12000 BISCAYNE BLVD  
#220  
MIAMI FL 33181

12000 BISCAYNE BLVD  
#220  
MIAMI FL 33181-2720



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 12000 Biscayne Blvd	26 12000 Biscayne Blvd	07/25/1995	02/13/1996
22 Suite, Apt. #, etc. 403	27 Suite, Apt. #, etc. 403	4. FEI Number	Applied For
23 City & State Miami, FL	28 City & State Miami, FL	650641505	Not Applicable
24 Zip 33181	29 Zip 33181	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country USA	30 Country USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MUNDERAIN, LUIS JOSE  
4000 TOWERSIDE TERRACE  
APT 1705  
MIAMI FL 33138

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	
NAME	MUNDERAIN, LUIS JOSE	1.2 NAME	
STREET ADDRESS	4000 TOWERSIDE TERRACE, #1705	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MUNDERAIN, LUIS SERGIO	2.2 NAME	
STREET ADDRESS	4000 TOWERSIDE TERRACE, #1705	2.3 STREET ADDRESS	201 SW 85 TERR APT 107
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	PENNSBORO PINES FL 33025
TITLE	D	3.1 TITLE	
NAME	MUNDERAIN, DIMITRI	3.2 NAME	
STREET ADDRESS	4000 TOWERSIDE TERRACE, #1705	3.3 STREET ADDRESS	304 SW 85 TERR APT 307
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	PENNSBORO PINES FL 33025
TITLE	D	4.1 TITLE	
NAME	MUNDERAIN, RICARDO	4.2 NAME	
STREET ADDRESS	4000 TOWERSIDE TERRACE, #1705	4.3 STREET ADDRESS	10491 S.W. 15TH LANE # 1-210
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33144
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)