

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # P95000068212 (6)

1. Corporation Name

ADLER REALTY CO.

Principal Place of Business

2601 SOUTH BAYSHORE, STE. 1475
MIAMI FL 33133

Mailing Address

2601 SOUTH BAYSHORE, STE. 1475
MIAMI FL 33133



2. Principal Place of Business	2a. Mailing Address
21 2600 Douglas Road Suite, Apt. #, etc.	26 2600 Douglas Road Suite, Apt. #, etc.
22 Suite 510 City & State	27 Suite 510 City & State
23 Coral Gables, FL Zip Country	28 Coral Gables, FL Zip Country
24 33134 25 USA	29 33134 30 USA

3. Date Incorporated or Qualified 09/05/1995	3a. Date of Last Report N/A
4. FEI Number 65-0611999	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacqueline Coleman	1.2 NAME	
STREET ADDRESS	2600 Douglas Rd., Suite 510	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	V.P./Treasurer	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis Rabell	2.2 NAME	
STREET ADDRESS	2600 Douglas Road, Suite 510	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	Secretary	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathryn L. Porter	3.2 NAME	
STREET ADDRESS	3200 Southwest Freeway, Suite 1220	3.3 STREET ADDRESS	
CITY-ST-ZIP	Houston, TX 77027 <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	Director	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill C. Bradley	4.2 NAME	
STREET ADDRESS	5999 Summerside Dr., Suite 112	4.3 STREET ADDRESS	
CITY-ST-ZIP	Dallas, TX 75252 <input type="checkbox"/> DELETE	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline Coleman, Pres. 4/26/96 (305) 443-7001

CR2E034 (12/95)