Applied For Not Applicable

FILED

Jul 16 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	DOCUMENT # P95000077867 (6) REALTY MORTGAGES AND INVESTMENTS, INC.				L SOCIETA COLOCI COCOCI CO		
Principal Pla	ace of Business	Mailing Address		<u></u>			
2665 SOUTH BAYSHORE DRIVE PH-II A MIAMI FL 33133		2665 SOUTH BAYSHORE DRIVE PH-II A MIAMI FL 33133					
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					10/11/1995		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied F		
21		26			65-0614525 Not Appli		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	hang ' '		5. Certificate of Status Desired \$8.75 Addition Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	Counti	гу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ST	einman, jay a esq.		B	1 1	Name		
	ILLNI Ö K ROSEN LINDEN STEIN 3 SE VI LLA AVE	IMAN & LEVY, P A	8	82 Street Address (P.O. Box Number is Not Acceptable)			
	ORAL GABLES FL 33134		8:	3			
	•		8-	4 0	City FL 85 Zip Code		
l office of	or realstered agent, or both, in the S	0502 and 607.1508, Florida Statutes tate of Florida. Such change was au bligations of, section 607.0505, Flor	ithorized b	v the	-named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered s.		
SIGNATUR	Signature, typed or printed name of registered	agent and title If applicable (NOT	F: Registered	hanA	Agent alignature required when reinstating) 1 DATE		
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFIGERS AND DIRECTORS IN 12			
TITLE	PO	DELETE	1.1 TITLE		1 Change A		
NAME	DUNCAN, WILLIAM T			:			
STREET ADDRESS 2560 TIGERTAIL AVENUE, #1			1.3 STREE	ET ADE	TADDRESS ONE GROVE ISLE DRIVE, # 806		

CTORS IN 12 nge 🔲 Addition 1.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 empoyable 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 attackment with an address.

SIGNATURE:

CR2E034 (5/98)