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PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State *

DIVISION OF CORPORATIONS

DOCUMENT #

P95000078833 (7)

MIAMI INTERNATIONAL REAL ESTATE CORP.

Principal Place of Business Malling Address -801-BOUTH-BAYOHORE DRIVE SOF SOUTH BAYSHORE SINNE STE-1007 MANN FL 93131 3. Date Incorporated or Qualified 3a. Date of Last Report 235 LINCULAN RD 10/10/1995 SWIT 302, 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional П 22 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution 28 Added to Fees COMPON POLE Zσ Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELISHA, BENJAMIN 82 Street Address (P.O. Box Number is Not Acceptable) 235 LINCULN RD#301 **SOT SOUTH BAYOHORE OR** -676-1665-MigMi FL 33139 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 1. 1 TITLE TITLE OWNER DELETE Change ENJOH IN FLICHS NAME 12 NAME 400002019254--4 -12/04/96--01045--010 LINCOLN RA STREET ADDRESS 1.3 STREET ADDRESS 301 CITY - ST - ZIP <u> MIAM i</u> 1.4 CITY-ST-ZIP ****225.00 _ ****225 AGA DELETE TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE Change ☐ Addition NAME 3.2 NAME STREE ADDRESS 3.3. STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP IIIt Fo DELETE 4.1 TITLE REINSTATEMENT HALLS

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)(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 outh; that I am an officer or director of the corporation or the receiver or trustee provered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 managed, or on an attactment with provided in the control of the corporation of the co

42 NAME

5. 1 TITLE

5.2 NAME

6. 1 TITLE

62 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-St-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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CITY-ST-ZIP

CITY - ST - ZIP

CITY-SI-ZIP

TITLE

NAME

TITLE

NAME

APPROVED FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Change

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11-25-96 all mix any the as of our conversation on the place ory letter four your prior to they one below my address as been change please note my new ashbees. I hope this letter will end all The Misunderstanding. Thut your paz 2012 By Je