

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE 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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084883 (4)

1. Corporation Name

ALL COUNTY REALTY, INC.

Principal Place of Business

1800 CORAL WAY STE 301
CORAL GABLES FL 33145

Mailing Address

1800 CORAL WAY STE 301
CORAL GABLES FL 33145



100001941761

-09/09/96--01009--004

***375.00 ***375.00

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required
☐ \$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc.

26

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROBERTS, NORMAN T
50 W MASHTA DRIVE STE 2
KEY BISCAYNE FL 33149

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D
NAME CORREA, LUIS
STREET ADDRESS 6039 COLLINS AVE STE 1031
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT
12 NAME SARA C. GOMEZ ORTEGA
13 STREET ADDRESS 6039 Collins Av., apt 1425
14 CITY-ST-ZIP Miami Beach, FL 33140

21 TITLE VICEPRESIDENT
22 NAME LUIS CORREA
23 STREET ADDRESS Miami Beach, FL 33140
24 CITY-ST-ZIP 6039 Collins Av. apt 1031

31 TITLE SECRETARY
32 NAME BARBARA M. BLANCO
33 STREET ADDRESS 8906 Grand Canal Dr.
34 CITY-ST-ZIP Miami, FL 33174

41 TITLE TREASURER
42 NAME GLADYS E. BLANCO
43 STREET ADDRESS 8906 Grand Canal Dr.
44 CITY-ST-ZIP Miami, FL 33174

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SARA C. GOMEZ ORTEGA

8/6/96

861-6747

CR2E034 (3/96)