

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000091205

1. Corporation Name

THE REAL ESTATE PLACE, INC.

Principal Place of Business

Mailing Address

400001818004  
-05/13/96--01023--030  
\*\*\*200.00

2. Principal Place of Business

2a. Mailing Address

21 1048 Kane Concourse

26 1048 Kane Concourse

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite #101

27 Suite #101

City & State

City & State

23 BAY HARBOR ISLANDS, FL

28 BAY HARBOR ISLANDS, FL

Zip

Country

Zip

Country

24 33154

25 DADE

29 33154

30 DADE

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

11/30/1995

4. FEI Number

65-0620936

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD, SUITE 211  
PALM BEACH GARDENS, FL 33148

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 of Agent or principal name of registered agent and the Corporation

Signature of Registered Agent (Signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME ARMANDO O. DIAZ  
STREET ADDRESS 9225 COLLINS AVENUE #801  
CITY, ST, ZIP SURFIDE, FL 33154

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 as an attachment with an address.

SIGNATURE: ARMANDO O. DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-867-2040

Date

Signature Printed

CR2E034 (12/95)