

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$850 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000012940 (8)

1. Corporation Name  
FALLS REALTY, INC.



Principal Place of Business  
9795 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156

Mailing Address  
9795 SOUTH DIXIE HIGHWAY  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1811 SW 17 ST Suite, Apt. #, etc. 22 B City & State 23 BOCA RATON FL Zip 24 33486		2a. Mailing Address 25 1811 SW 17 ST Suite, Apt. #, etc. 27 City & State 28 BOCA RATON FL Zip 29 33486 County 30 PALM BCH		3. Date Incorporated or Qualified 02/09/1996		3a. Date of Last Report	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		4. FEI Number 65-0642643		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		5. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name ALVIN L. BROWN  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1811 SW 17 ST  
84 City BOCA RATON FL 85 Zip Code 33486

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 ALVIN L. BROWN ALVIN L. BROWN 7/14/97  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BROWN, ALVIN	1.2 NAME	BROWN, ALVIN
STREET ADDRESS	9795 S. DIXIE HIGHWAY	1.3 STREET ADDRESS	1811 SW 17 ST
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	SD	2.1 TITLE	SD
NAME	BROWN, EVELYN	2.2 NAME	EVELYN BROWN
STREET ADDRESS	9795 S. DIXIE HIGHWAY	2.3 STREET ADDRESS	1811 SW 17 ST
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	MIAMI FL 33486
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 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 ALVIN L. BROWN 7/14/97 561 354490

CR2E034 (4/97)