


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 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 # P96000015363 1. Corporation Name REAL ONE RENTY CORP			
Principal Place of Business 8107 SW 72 ND AVE suite 414 MIAMI, FL 33143		Mailing Address THE SAME	
2. Principal Place of Business 21 10585 SW 104 COURT State, Apt. #, etc. 212 City & State MIAMI, FLA. Zip 33176 Country DADE	2a. Mailing Address 26 THE SAME Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 2/19/1997 3a. Date of Last Report 4. FEI Number 65-0644586 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent Jorge Ivan Salomon 8107 SW 72 AVE 414 MIAMI, FL 33143		10. Name and Address of New Registered Agent 81 Name JORGE IVAN SALOMON 82 Street Address (P.O. Box Number is Not Acceptable) 10659 SW 113 PL B 83 84 City MIAMI 85 Zip Code FL 33176	
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 JORGE IVAN SALOMON <i>[Signature]</i> 3/30/97 <small>(City, State, typed or printed name of registered agent and line if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE NAME JORGE IVAN SALOMON STREET ADDRESS 10659 SW 113 PL B CITY-ST-ZIP MIAMI, FL 33176	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SECRETARY <input type="checkbox"/> DELETE NAME JORGE IVAN SALOMON STREET ADDRESS 10659 SW 113 PL B CITY-ST-ZIP MIAMI, FL 33176	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 200002171422 4.3 STREET ADDRESS -05/08/97--01058--050 4.4 CITY-ST-ZIP ***8.75	
TITLE TREASURER <input type="checkbox"/> DELETE NAME JORGE IVAN SALOMON STREET ADDRESS 10659 SW 113 PL B CITY-ST-ZIP MIAMI, FL 33176	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 700002171417 6.3 STREET ADDRESS -05/08/97--01058--049 6.4 CITY-ST-ZIP ***165.00	

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)