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

PROFIT CORPORATION ANNUAL REPORT 1997



LLORIDA DEPAREMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 29 1997 8:00am

Secretary of State

## DOCUMENT # P96000048566 (9)

DADE REAL ESTATE INVESTMENTS, INC.

| Principal Place of Business Mailing Address |  |   |  |   | BILL BOILL BY BELL BURN BILLE BY THE BYLL LEBY                                     |  |
|---|--|---|--|---|--|--|
| 74 HAMMOND DR<br>MIAMI SPRINGS FL 33166     |  | 74 HAMMOND DR<br>MIAMI SPRINGS FL 33166-5062                          |  |   |  |  |
|   |  |   |  |   | 3. Date Incorporated or Qualified 06/04/1996                                       | d 3a. Date of Last Report  |
| 2. Principal P<br>21<br>Suite, Apt.         | #, etc.  | 2a. Mailing Add 26 Surte, Apt. 4                                      |  |   | 4. FEI Number 65-067-473  5. Certificate of Status Desired                         | Applied For Not Applieable \$8.75 Additional                         |
| City & State                                | 9  | 27  | . <del></del>  |   | Election Campaign Financing     Trust Fund Contribution                            | Fee Required  \$5.00 May Be Added to Fees                            |
| Zip<br>24                                   | Country<br>25  | Ζιρ<br>[ <b>29</b> ]  | 30   | ountry  | 8. This corporation has liability to Florida Statutes                              | or intangible tax under s. 199.032,                                  |
| 74 H  | 9, Name and Address of Curren<br>AJE, RAUL<br>IAMMOND DR<br>AII SPRINGS FL 33166   |   |  | <ul> <li>81 Name</li> <li>82 Street Add</li> <li>83</li> <li>84 City</li> </ul> | 10. Name and Address of New I  | able)85 Zip Code   |
|   | lo the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>in familiar with, and accept the obliga | 2 and 607,1508, Flor<br>of Horida, Such cha<br>ations of, Section 607 | ida Statutes, the<br>nge was authori.<br>7.0505, Florida S | above-named corperated by the corporated by the corporated tatutes.             | poration submits this statement for the<br>tion's board of directors. I hereby acc | purpose of changing its registered cpt the appointment as registered |
| SIGNATURE                                   | Signature, typi dier printed name of registered age  | d and Mir 4 app wable   | (NOTE: Registe   | red Agent signature requi   | red when reinstating)  | DAH  |
| 12.   | OFFICERS AND   |   | 11   | h.  | ADDITIONS/CHANGES TO OFF   | ICERS AND DIRECTORS IN 12  |
| TITLE                                       | D  |   | OCCEPTE 11   | MILE  |  | Change Addition  |
| NAME  | AZUAJE, RAUL   |   |  | NAME  |  | ]:   |
| STREET ADDRESS                              | 74 HAMMOND DR  |   | 1.3  | STREET ADDRESS  |  | <u> </u>   |
| CITY-ST-ZIP                                 | MIAMI SPRINGS FL 33166   | ······  |  | CHY-S1-7P   |  |  |
| TITLE<br>NAME                               |  | L) (  |  | NAME  |  | Change   |
| STREET ADDRESS                              |  |   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                                 |  |   |  | CITY-SI-74P   |  |  |
| TITLE                                       |  |   |  | 1001-31-20  |  | Change Addition  |
| NAME  |  |   | 32   | NAME  |  |  |
| STREET ADDRESS                              |  |   | 3.3  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                                 |  |   | 3.4  | C(TY+ST+ZIP   |  |  |
| TITLE                                       |  |   | ELETE 41   | 3016  |  | Change Addition  |
| NAME  |  |   | 4 :  | NAME  |  |  |
| STREET ADDRESS                              |  |   | 4.3  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                                 |  |   |  | CITY - ST- 7IP  |  |  |
| TITLE                                       |  | u   |  | THE   |  | Change Addition  |
| NAME  |  |   | •  | NAML  |  |  |
| STREET ADDRESS                              |  |   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP<br>TITLE                        |  |   |  | CHY-S1-7IP  |  |  |
| NAME  |  | L.,1 U  |  | TITLE   |  | L_ Change L_ Addition  |
| STREET ADDRESS                              |  |   |  | NAME<br>CERTI AMBREC  |  |  |
| CITY-ST-ZIP                                 |  |   |  | STREET ADDRESS  <br>C/TY-ST-7/P   |  |  |
|   |  |   |  | 3 11 12 12 11 11  |  |  |

I do hereby certify that the information supplied with this firing doos 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 ninual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address