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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076071 (5)

SOUTH FLORIDA REALTY, INC.

Principal Place of Business Mailing Address 10899 SUNSET DR 10899 SUNSET DR SUITE 202 SUITE 202 DO NOT WRITE IN THIS SPACE MIAMI FL 33173 MIAMI FL 33173 US 3. Date Incorporated or Qualified 09/12/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0696677 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILGUEIRAS, IVANIA 14391 S.W. 24 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 84 City 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 purpose of changing its registered agent. I am familiar with purpose of changing I VAN'A Filbuciens Broker Quesas Registered Agent signature required w OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Addition ARMANDO F. ALVARADO. NAME FILGUEIRAS, IVANIA 1.2 NAME 2210 SW, 89 C+. 14391 SW 24 ST 1.3 STREET ADDRESS STREET ADDRESS FL. 33165. MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition THILE NAME ALVARADO, MARIA C 2.2 NAME STREET ADDRESS 2210 SW 89 CT 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP MLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZiP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME

Block 12 or Block 13 if changed or on an attachment with an address. TVANIA FILOUEITAS. **SIGNATURE**

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

3/19/98 (305)4/2-0707

FILED

Apr 27 1998 8:00am

Secretary of State