

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

**FILED**  
**May 28 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 # P96000077440 (1)**  
 1. Corporation Name  
**FORTUNE REAL ESTATE MANAGEMENT CORPORATION**



Principal Place of Business  
**7 NW 2ND STREET SUITE 218 MIAMI FL 33128**

Mailing Address  
**7 NW 2ND STREET SUITE 218 MIAMI FL 33128-1849**

3. Date Incorporated or Qualified  
**09/18/1996**

3a. Date of Last Report

4. FEI Number  
**65-0705027**

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. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
**21 1001 BRICKELL BAY DR**  
 Suite, Apt. #, etc.  
**22 # 2310**  
 City & State  
**23 MIAMI FL**  
 Zip Country  
**24 33131 25 DADE 29 33131 30 DADE**

2a. Mailing Address  
**26 1001 BRICKELL BAY DR**  
 Suite, Apt. #, etc.  
**27 # 2310**  
 City & State  
**28 MIAMI FL**  
 Zip Country  
**29 33131 30 DADE**

9. Name and Address of Current Registered Agent  
**HERIQUES, GENNIEVE**  
**7 NW 2ND STREET SUITE 218 MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name  
**HENRIQUES GENNIEVE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1001 BRICKELL BAY DR**

83 City  
**MIAMI FL**

84 City  
**MIAMI FL**

85 Zip Code  
**33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LARMOND, MORRIS</b>	
STREET ADDRESS	<b>7090 N. MARKS AVENUE, SUITE 104</b>	
CITY - ST - ZIP	<b>FRESNO CA 93711</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LARMOND MORRIS</b>	
1.3 STREET ADDRESS	<b>4050 WALNUT CREEK TR</b>	
1.4 CITY - ST - ZIP	<b>ALPHARETTA GA 30202</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		
6.3 STREET ADDRESS		
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: **MALORDE MORRIS LARMOND** **4/22/97** **770-353-3929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Plate Daytime Phone #

CR2E034 (9/96)