

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

97-98AR

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

FILED

98 AUG -3 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095232

1. Corporation Name U.S. REAL CORP.

Principal Place of Business Mailing Address
1065 NORTHEAST 125TH STREET
NORTH MIAMI, FLORIDA 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SERGIO WILLIAM LAGE ALVAREZ	9208 COLLINS AVE SURFSIDE, FLORIDA	ZIP 33154
			200002606242--0 -08/04/98--01004--001 *****320.00 *****320.00
			200002606242--0 -08/04/98--01004--002 *****10.00 *****10.00

8. Name and Address of Current Registered Agent

SERGIO WILLIAM LAGE
ALVAREZ
9208 COLLINS AVE
SURFSIDE FLORIDA 33154

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/ 1998

Date

Daytime Phone #

CR2E040 (1/98)

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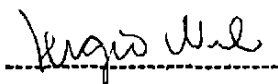
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Ms.:

Per instructions from the Division of Corporations, I am attaching a check in the amount of \$165.00 for the Annual Report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.



President