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

APPROVED AND FILED

98 NOV -5 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000010294 (1)

1. Corporation Name
FLORIDA DADE REALTY INCORPORATED

Principal Place of Business	Mailing Address
7436 SW 117 AVE. #267 MIAMI FL 33183	7436 SW 117 AVE. #267 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1997

2. Principal Place of Business
21 7436 SW 117 AVE
22 Suite, Apt. #, etc. 267
23 City & State: Miami FL
24 Zip: 33183 25 Country: DADE

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0754193 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JAEN, HUMBERTO L
7436 SW 117 AVE, #267
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name: HUMBERTO L. JAEN
82 Street Address (P.O. Box Number is Not Acceptable): 7436 SW 117 AVENUE
83
84 City: Miami FL 85 Zip Code: 33183

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: [signature] 4/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HUMBERTO L. JAEN 7436 SW 117 AVE, #267 MIAMI FL 33183	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002684665-4 -11/10/98--01071--01 ****165.00 ****165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (SAME)	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (SAME)	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (SAME)	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 11/5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002586975 -07/13/98--01096--043 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 7/10

CR2E084 (10/97)

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] Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone # 0266310