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# Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **P97000033341 (3)**

1. Corporation Name
**FLORIDA ACADEMY OF REAL ESTATE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1001 S. BRICKELL BAY DR., 12TH FL.<br>MIAMI FL 33131 | 1001 S. BRICKELL BAY DR., 12TH FL.<br>MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1997

2. Principal Place of Business
21 1840 W 49th Street
Suite, Apt. #, etc
22 Suite 700
City & State
23 Hialeah, Fl.
Zip 24 33012 Country 25 US

2a. Mailing Address
26 1840 W 49th Street
Suite, Apt. #, etc.
27 Suite 700
City & State
28 Hialeah, Fl.
Zip 29 33012 Country 30 US

4. FEI Number: 65-0754254 ☐ 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**

IGLESIAS, JOANNA
1221 S. BRICKELL AVE.
MIAMI FL 33131

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature - typed or printed name of individual 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 | D<br>WEISS, BRADLEY S<br>1001 S. BRICKELL BAY DR., 12TH FL.<br>MIAMI FL 33131 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>Bradley S. WEISS<br>1840 W 49th Street, Suite 700<br>Hialeah, Fl. 33012 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | SVP<br>Edward B. CRAIG<br>1840 W 49th Street, Suite 700<br>Hialeah, Fl. 33012 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | T<br>Guillermo RODRIGUEZ<br>1840 W 49th Street, Suite 700<br>Hialeah, Fl. 33012 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | VP<br>Matt VAN VLIET<br>1840 W 49th Street, Suite 700<br>Hialeah, Fl. 33012 ☐ Change ☒ Addition |
| 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 |
| 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 |

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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: _____ 03/20/98 (305) 827-3331