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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082036

1. Corporation Name

IMMO REALTY ADVISORS, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90224 028 ***150.00



Principal Place	of Business	Mailing Address	<u></u>		I CONTROL FOR CONTROL OF THE PROPERTY CONTROL OF THE		\$111 0 0 411 10 0 4
3080 N 35 STREET 3080 N 35 STREET							
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021							
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 09/22/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
26					65-0789780	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	,
22 27					3. Certificate bi Status Desired	Fee Re	equired
City & State	City & State	& State		6. Election Campaign Financing	\$5.00	,	
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	_ 	10		Personal Property Tax. 10. Name and Address of New Register		□No
9. Name and Address of Current Registered Agent 81 Name 4							
FIELDSTONE, RONALD R				MIC	HAEL W. BROWARN,	/K	
200 S BISCAYNE BLVD STE 2100				Street Addre	ess (P.O. Box Nymber is Not Acceptable) / North 35 - Sincet		
MIAMI FL 33131				3050	I TOPPIN 33 - STREET		
			83				
			84	City Way	// 1	FL 85 30	Code
		1007.4500 Et : d- 0: - 4-	45 - 55	1901	lywood	. —	- /
office or rec	sistered agent, or both, in the State of	of Florida. Such change was aut	horized by	the corporatio	odtion submits this statement for the purposin's board of directors. I hereby accept the a	ppointment as re	gistered
agent. I am	familiar with, and accept the obligate	ons of, Section 607.0505, Florid	la Statutes				
SIGNATURE _				 	Lwhen reinstating) DAT		\
12.	ignature, typed or printed name of registered agent OFFICERS ANI		13.	t signature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12
	D OF ICERS AND	DELETE	1.1 TITLE		ADDITIONS/OFFARIOLO FO OFFICER	☐ Change	Addition
	BROWARNIK, MICHAEL		1.2 NAME				_
	3080 N 35 STREET		1.3 STREET	ADDRESS			1
V	HULLANOUD EL 33034		1.4 CITY-S				
TITLE		☐ D£LETE	2.1 TITLE	1-211		☐ Change	Addition
NAME		2.2 N		İ			
STREET ADDRESS	35		2.3 STREET	ADDRESS			ł
CITY-ST-ZIP			2.4 CITY-5				ĺ
TITLE			31 TITLE			Change	Addition
NAME			3.2 NAME)
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	\ \			\
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	}			}
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE			5.1 TITLE			Change	☐ Addition
NAME	•		5.2 NAME				1
STREET ADDRESS			5.3 STREE	ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY-S	r-ziP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				l
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	r.zip			

14. I hereby certify that the information supplied with this filling 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR