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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000086756 (8)

1. Corporation Name

JULIO BOGORICIN REAL ESTATE FLORIDA, INC.

Principal Place of Business

Mailing Address

3211 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES FL 33134

3211 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

☒ 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

2. Principal Place of Business

2a. Mailing Address

21 1550 Madruga Ave

26 Suite, Apt. #, etc.

22 403

27 City & State

23 Coral Gables, FL

28 Zip

Country

24 33146

Country

25 Dade

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Ana L. Moffat

82 Street Address (P.O. Box Number is Not Acceptable)

1550 Madruga Ave, Suite 403

83

84

City Coral Gables

FL

85 Zip Code

33146

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 registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME AZULAY, ELIEZER A
STREET ADDRESS 3211 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE PSTD
1.2 NAME AZULAY, Eliezer
1.3 STREET ADDRESS 3005 NE 190 St. Building 12 Apt 106
1.4 CITY-ST-ZIP Aventura, FL 33180-3194

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Vice President
2.2 NAME Jonathan Keane
2.3 STREET ADDRESS 353 W 47th St. PH-B
2.4 CITY-ST-ZIP Miami Beach, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

(JONATHAN KEANE)

4-17-98

(305) 992-3800

CR2E034 (10/97)