

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90078 039 ***150.00

DOCUMENT # P97000100466

1. Corporation Name
REALCO INVESTMENTS OF FLORIDA, INC.

Principal Place of Business
8390 WEST FLAGLER STREET
SUITE 211
MIAMI FL 33144

Mailing Address
8390 WEST FLAGLER STREET
SUITE 211
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

65-0799859

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10560 N.W. 27 St.

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Miami FL

24 Zip 33172

Country USA

2a. Mailing Address

26 10560 N.W. 27 St.

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Miami FL

29 Zip 33172

Country USA

9. Name and Address of Current Registered Agent

SUAREZ-DEL CAMPO, RAUL A
8390 WEST FLAGLER STREET
SUITE 211
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name Suarez-Del Campo, Raul A

82 Street Address (P.O. Box Number is Not Acceptable)
10560 N.W. 27 St.

83 Suite 101

84 City Miami

FL 85 Zip Code 33172

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AUSPITZ, NEAL J

STREET ADDRESS 8390 WEST FLAGLER STREET STE. 211

CITY-ST-ZIP MIAMI FL 33144

TITLE DS ☐ DELETE

NAME SUAREZ, LORDES DEL CAM

STREET ADDRESS 2515 SW 101 CT

CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS AUSPITZ, NEAL J

1.4 CITY-ST-ZIP 10560 N.W. 27 St, Suite 101

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS SUAREZ, LORDES

2.4 CITY-ST-ZIP 10560 N.W. 27 St, Suite 101

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 800-553 2796
Date Daytime Phone #

CR2E034 (11/98)