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

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P98000000308 (0) SKS REALTY, INC. Principal Place of Business Mailing Address 918 OCEAN DRIVE. STE 207 918 OCEAN DRIVE. STE 207 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/31/199</u>7 2. Principal Place of Business 2a. Mailing Address Applied For 65-08074 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KLETZENBAUER, HERI 918 OCEAN DRIVE, STE 207 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 Zip Code ons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to to office or reg SIGNATURE (NOTE Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change MALIF SILBERMANN, FAINA 1.2 NAME 918 OCEAN DRIVE, STE 207 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ DELETE 2 1 TITLE Change Addition KLETZENBAUER, HERI NAME 2.2 NAME 918 OCEAN DRIVE, STE 207 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE. 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE

6.2 NAME

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 suppliemental 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 of 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 inchanged. It of an attachment with an address.

6.3 STREET ADDRESS

FILED

(305)528-7957