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 # P9800000308

SKS REALTY, INC.

Mailing Address

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90008 002 ***150.00



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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 Qualifed	
					12/31/1997	
		2- 44 10 4 11			4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address						
21		26			65-0807421 Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
22		27				
City & State) .	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	<u> </u>		,	8. This corporation owes the current year Intangible Personal Property Tax Yes No	
24	25	. 1	10		Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent	
	9. Name and Address of Current	Registered Agent	81	l Nama	10. Name and Address of New Registered Agent	
MICTICALICO LICOI				Name		
KLETZENBAUER, HERI			82	Street	Address (P.O. Box Number is Not Acceptable)	
918 OCEAN DRIVE, STE 207			<u> </u>	ļ		
MIAN	AI BEACH FL 33139	_	83			
	· // 1/	7	84	City	■■ 85 Zip Code	
		/		'	FL	
11. Pursuant t	to the previsions of Sections 607,0507	and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the purpose of changing its registered	
office or registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
\mathcal{L}						
SIGNATURE Signature, types or painted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN, 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Presi olent Change Addition	
NAME	SILBERMANN, FAINA		1.2 NAME		Hart mut, Schoenau 918 Octan, DR. #207, Migmi Beach	
STREET ADDRESS	918 OCEAN DRIVE, STE 207		1.3 STREE	TADDRESS	HOLY MANY SOLUTIONS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1,4 CITY-S	T-ZIP	910 OCEAN DE # 01/ 1/16/11/2012	
TITLE	VD	☐ DELETE	2.1 TITLE		VICE PRES. SECRETARChange Addition	
	KLETZENBAUER, HERI	_	2.2 NAME		1	
NAME	918 OCEAN DRIVE, STE 207		1	TADDRESS	Kletzenhauer, Heri	
STREET ADDRESS					9/8 OLEAN DR. 4707 Mian Beogn	
CITY-ST-ZIP	MIAMI BEACH FL 33139	☐ DELETE	2. 4 CITY-1	SI-ZIP	Change Addition	
TITLE						
NAME			3.2 NAME			
STREET ADDRESS				TADDRESS		
_CITY: ST: ZIP		— — — — — — — — — — — — — — — — — — —	-3.4 CITY-	ST-ZIP	Change Addition	
TITLE		☐ OELETE	4.1 TITLE		Collable D Noticell	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE	• •	☐ DELETE	51 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY - 9	ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADORESS			6.3 STREE	T ADDRESS		
			6.4 CITY-S	ST-ZIP		
CITY-ST-ZIP	· ·	•				

14. I hereby certify that the information supplied with the 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 supplimental 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 tecchier 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 attaction of the technique of the corporation or the technique of the corporation of the corporation of the corporation or the technique of the corporation of the corporation

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

10/99 Date

35-535-755 Daytime Phone #