FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:27

DOCUMENT # **S17391** **(1)**

1. Corporation Name

ABG REAL ESTATE DEVELOPMENT COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O MC REALTY CORP 1401 BRICKELL AVENUE, #630 MIAMI FL 33131 US	C/O MCREALITY CORP 1401 BRICKELL AVENUE, #630 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0233477 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MC REALTY CORP~~
~~1401 BRICKELL AVENUE~~
~~SUITE 630~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: M2 Realty Corporation
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DPT~~	11 TITLE	A	☒ Change ☐ Addition
NAME	~~LEWIN, NATHAN~~	12 NAME	c/o Lewinvest, Inc.	
STREET ADDRESS	~~%PROMENADEPLATZ 12~~	13 STREET ADDRESS	Wurzerstr. 17	
CITY-ST-ZIP	~~8000 MUNCHEN 2, GER~~	14 CITY-ST-ZIP	80539 Munchen	
TITLE	~~S~~	21 TITLE	Germany	☐ Change ☐ Addition
NAME	~~STRICKEN, RAINER J.~~	22 NAME		
STREET ADDRESS	~~%PROMENADEPLATZ 12~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~8000 MUNCHEN 2, GER~~	24 CITY-ST-ZIP		
TITLE	~~A~~	31 TITLE		☐ Change ☐ Addition
NAME	~~GENAUER, MARTIN J.~~	32 NAME		
STREET ADDRESS	~~200 SE 1ST ST.~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP		
TITLE		41 TITLE	A	☐ Change ☒ Addition
NAME		42 NAME	Ira M. Levenshon	
STREET ADDRESS		43 STREET ADDRESS	1401 Brickell Avenue, Suite 630	
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33131	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: NATHAN LEWIN, PRESIDENT 9/29/95 (305)373-9800
SIGNATURE AND TITLE OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR Date Daytime Phone Number

EXT 15

0130447 CP