

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S30444 (1)

1. Corporation Name
CIG REALTY, INC.

Principal Place of Business
**2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134
US**

Mailing Address
**2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134
US**

**APPROVED
AND
FILED**
95 MAY -1 AM 4:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. County	30. County

3. Date Incorporated or Qualified 02/06/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0272697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Chapter 193 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOGGIO, LLOYD
2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0100 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 607.0100 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOGGIO, NANCY
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH2
CITY, STATE, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and claims not qualify for the exemption stated in Section 193(07)(b)(A) Florida Statutes. I further certify that the information is in accordance with the annual report or consolidated annual report as true and accurate and that my signature shall have the same legal effect as if made and certified by an officer or director of the corporation or the executor 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 I am not an officer or director with an address.

SIGNATURE: **Lloyd J. Boggio** 4/20/95 (305) 441-8188

SIGNATURE OF OFFICER OR DIRECTOR