

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
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**

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

3. Date Incorporated or Qualified: **02/06/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FET Number: **65-0272697**  
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  
**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  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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]*  
4. Title: **OFFICERS AND DIRECTORS**

4. Title: **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: <b>D</b> <input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>BOGGIO, NANCY</b>	2. NAME:
3. STREET ADDRESS: <b>2121 PONCE DE LEON BLVD., PH2</b>	3. STREET ADDRESS:
4. CITY - ST - ZIP: <b>CORAL GABLES FL</b>	4. CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE: <input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	6. NAME:
7. STREET ADDRESS:	7. STREET ADDRESS:
8. CITY - ST - ZIP: <input type="checkbox"/> DELETE	8. CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE: <input type="checkbox"/> DELETE	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	10. NAME:
11. STREET ADDRESS:	11. STREET ADDRESS:
12. CITY - ST - ZIP: <input type="checkbox"/> DELETE	12. CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE: <input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	14. NAME:
15. STREET ADDRESS:	15. STREET ADDRESS:
16. CITY - ST - ZIP: <input type="checkbox"/> DELETE	16. CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE: <input type="checkbox"/> DELETE	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	18. NAME:
19. STREET ADDRESS:	19. STREET ADDRESS:
20. CITY - ST - ZIP: <input type="checkbox"/> DELETE	20. CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

4000001754944  
03/22/96--01103--008  
\*\*\*200.00

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)(k), Florida Statutes. I further certify that the information included 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Back 12 or Back 13 if changed, or on an appointment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR: **Lloyd J. Boggio**

3/5 (05)441-8188  
SG 3-22-96

CR2E034 (12/95)