

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S53896**

(4)

1. Corporation Name

E.A. R.E. CORP.



Principal Place of Business

**400 S. POINTE DR., #2202
MIAMI BEACH FL 33139-7361**

Mailing Address

**400 S. POINTE DR., #2202
MIAMI BEACH FL 33139-7361**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

**BLISS, EDWIN C
400 S. POINTE DR., #2202
MIAMI FL 33139-7361**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

05/31/1995

4. FEI Number

65-0272742

Applied For

Not Applicable

5. Continuation of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE DELETE
NAME **PT BLISS, E C**
STREET ADDRESS **400 S POINTE DR #2202**
CITY, ST, ZIP **MIAMI BEACH FL 33139-7361**

2. TITLE DELETE
NAME **VS BLISS AIDA S.**
STREET ADDRESS **400 S POINTE DR #2202**
CITY, ST, ZIP **MIAMI BEACH FL 33139-7361**

3. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE Change Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE Change Addition

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE Change Addition

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is true, correct and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information indicated on this form is not of a supplemental annual report and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to exercise the corporate powers by Chapter 605, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attached sheet with an address.

SIGNATURE:

E. Bliss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 APR '96

305-672-6647

CR2E034 (12/95)