## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

**FILED** Feb 17 1998 8:00am Secretary of State

•	S REAL HOLDINGS, INC.	00 (3)						
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Drivering Place	( D	Admiliary Andrews						
Principal Place of Businoss Mailing Address  150 W FLAGLER ST 150 W FLAGLER ST								
	UM TOWER	2200 MUSEUM TOWER						
MIAMI FL 3	3130	MIAMI FL 33130				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
						10/17/1991		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	JA	oplied For
21		26				65-0290626		ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		City & State						equired
City & Stat	e	28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
<b>Z</b> ip	Country		Zip Country			8. This corporation owes or has paid the c		
24	25					Personal Property Tax due June 30.		
	g, Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	J Agent	
	IENENDEZ, FRANCISCO J.			Nar	ne			
	50 W FLAGLER ST		E	2 Stre	et Addre	dress (P.O. Box Number is Not Acceptable)		
	200 MUSEUM TOWER		ا ا	13				
N	IIAMI FL 33130				<u>-</u>			
			<b> </b>	14 City		F	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abo	ve-nam	ed corpo	oration submits this statement for the purpose	of changing it	is registered
office or r agent. i a	egi <b>s</b> tered agent, or both, in the State im familiar with, an <b>d</b> accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Statu	by the c tes.	corporatio	on's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE								
	Signature, typed or printed name of registered age			Agent signs	iture requirer	d when reinstating) DATE.	ID DIRECTOR	OC IN 17
12.	OFFICERS AND DIRECTORS  DP DELETE			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	MENENDEZ, FRANCISCO J		1.2 NAME					
STREET ADDRESS	150 W FLAGLER ST, #2200		1.3 STREET ADDRESS		5S			
CITY-ST-ZIP	MIAMI FL		1.4 Cilly	1.4 CHTY - ST - ZIP				
TITLE	D	DELETE	2.1 TITLE				☐ Change	Addition
NAME	MENENDEZ, RINA V.		2.2 NAM	IE.				
STREET ADDRESS	2333 BRICKELL AVENUE SI	UITE 2315		E1 ADDRES	SS			
CITY-ST-ZIP	MIAMI FL	DELETE	2. 4 CIT	/- \$1- ZIP			Change	Addition
THTLE NAME		( DECEIL	3.2 NAM				— onenge	
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4 CITY-ST-ZIP				
TITLE	DELETE			4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	4E				
STREET ADDRESS			4.3 STRE	ET ADDRES	SS -			
CITY-ST-2#P				4.4 CITY - ST - ZIP				
TITLE			5.1 TITLE				Change	Addition
NAME			5.2 NAM					
STREET ADDRESS			F .	ET ADDRES	iS			
CITY-ST-ZIP TITLE	DELETE			5.4 CHY-S1-ZIP 6.1 TITLE			Change	Addition
NAME			6.2 NAM				Print Clinical	
STREET ADDRESS				ET ADDRES	s			İ
CiTY-ST-ZIP				-ST-ZIP	-			į
	pertify that the information supplied w	ith this filing does not qualify			ated in S	Section 119.07(3)(i), Florida Statutes. I further of	certify that the	Information

indicated on this annual report or supplied with the information indicated on this annual report or suppliemental 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.