FILE NOW: FILING FEE AFTER MAY 1ST IS \$5	550.00
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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Rusiness



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24977

(3)

URBAN REAL ESTATE CORP.

,

Mailing Address

FILED May 04 1998 8:00am Secretary of State



· /						
POST OFFICE BOX 540697 OPA LOCKA FL 33054		POST OFFK OPA LOCKA	CE BOX 540697 A FL 33054		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 03/27/1992	
2. Principal F	Place of Business	2a. Mailing Ad	ldress		4. FEI Number	Applied For
21		26			65-0325441	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & Stat	е		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ₁ p	Country 25	Z ip	Count 30	ry	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible] Yes No
	g, Name and Address of Cu	rrent Registered Agen	it		10. Name and Address of New Registered A	gent
	AACK, ROBERT E.		8	1 Na	ame	
1355 DUNAD AVE			82 Street Address (P.O. Box Number is Not Acceptable)			

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 Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the families with a charge of Section 607.0505. Florida Statutes

City

SIGNATURE 5	gnature, typed or printed name of registered agent and title	II applicable (NO	E Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change	☐ Additio
NAME	MACK, ROBERT E		1.2 NAME		
STREET ADDRESS	1355 DUNAD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA FL 33054		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	☐ Change	Additio
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change	Addition Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY . C7 . 7ID			64 CITY ST. 7ID		

14. I hereby certify that the information supplied with this filing 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 supplimental 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 of 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 in an attack.

01011451155

4/2,198 (305)681-2886

CH2E034 (10/97)

85 Zip Code