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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # V32688

(6)

FIRST REGAL PROPERTIES, INC.										
Principal Place of	of Business	Mailing Address						II Bîbki bii	HII BUUH BUUH UUDI	
2020 NE 163RD ST 2020 NE 16										
SUITE 300		SUITE 300 North Miami Beach FL 33162								
NORTH MIAM	I BEACH FL 33162				3. Date Incorporated or Qualified	e of Last Report				
			nr			04/30/1992	0	5/01/1	, 	
2. Principal Plac	ce of Business	2a. Mairing Address			4. FEI Number Applied For					
Suite, Apt. #.	ata .	Suite, Apt. #, etc.				65-0336114		\$9.7	Not Applicable 5 Additional	
30/le, Apr. #,	, etc.	27			5. Certificate of Status Desired			Required		
City & State		City & State			6. Election Campaign Financing		\$5.0	00 May Be		
3		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zφ	Cou	ntry		8. This corporation has liability for		x under	s 199.032	
1	25	29	30	,			□No			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New R	legisterea /	geni		
						Name				
FRIEDMAN, KENNETH A. 2020 NE 163RD ST				82	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 3	MIAMI BEACH FL 33162			ļ		85 Zio Code				
NONITI	MIAMI DEACH FL 33 102					^{ty}				
12.	igranize tyskid or protest name of response a given OFHCERS ANS	DIRECTORS	13.		t signatine corpor	d when worlding. ADDITIONS/CHANGES TO OFF				
TITLE	D			1 ! TIBLE			L] Change	. Addition	
NAME	SAZANT, LARRY		12 N		4550505					
STREET ADDRESS	2020 NE 163RD ST #300				ACORESS					
CITY - ST - ZIP TITLE	NORTH MIAMI BCH FL	["] DELETE	2 1 T		5T - ZIP			Change	: Addition	
NAME			2 2 N				_	_	_	
STREET ADDRESS			235	788ET	ADDRESS					
CITY-ST-ZIP			2 4 C	(TY - 5	ST - ZIF					
TITLE		☐ DELETE	3 1 7	IILE				Change	Addition	
NAME			32 N	AME						
STREET ADDRESS			3 3 S	HEE	LADDRESS					
CITY - ST - ZiP		E octor			T-ZIP			Change	Addition	
TIPLE		☐ DELETE	4 1 7				L	Change	: [_] Addition	
NAME DIRECT ADODGED			42 N		FADDRESS					
STREET ADDRESS CITY+ST+ZIP					SI - ZiP					
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IAME		-	52 N				•		-	
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CITY - S1 - ZIP			540	11 Y - !	ST - ZIP					
TITLE		[] DELETE	6.11	HILE.		-	[Chang	e 🔲 Addition	
NAME			62N	AME						
STREET ADDRESS			638	TREE	LADÓRESS					
CITY-ST-ZIP					ST - 20°	4 M	07/0/4 \ 5			
certify that oath; that I	the information indicated on Mis adul	ual report or supplemental ar bration of the raceiver or trust	nnual report lee empowe	is to	ue and accur	for the exemption stated in Section 119 ato and that my signature shall have the iis report as required by Chapter 607, F	: same legal	effect as	s if made under	

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR