SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jul 22 1996 8:00 am
Secretary of State

DOCUMENT # **V47569** **(1)**

1. Corporation Name

INTEGRAL REALTY ADVISORS CORP.

Principal Place of Business	Mailing Address
9130 S. DADELAND BLVD. SUITE 1621 MIAMI FL 33156 US	9090 S DADELAND BLVD MIAMI FL 33156 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **07/02/1992**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0344954** ☐ 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

ALLAN, GEORGE E.
801 BRICKELL AVENUE SUITE 1401
MIAMI FL 33131

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required When Changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DPST~~ SECRETARY	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, GEORGE F.		1.2 NAME		
STREET ADDRESS	801 BRICKELL AVENUE SUITE 1401		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOSCHINI, CHARLES		2.2 NAME		
STREET ADDRESS	9130 S DADELAND BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	PRESIDENT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICARDO GLAS		3.2 NAME		
STREET ADDRESS	9090 S DADELAND BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP		
TITLE	V.P. TREASURER	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LUIS PULENTA		4.2 NAME		
STREET ADDRESS	9100 S. DADELAND BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP		
TITLE	V.P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEPHEN R. RIGL		5.2 NAME		
STREET ADDRESS	9100 S DADELAND BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(i), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR