

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V50440** (9)

1. Corporation Name

CR REALTY INVESTMENT CORP.



Principal Place of Business

Mailing Address

**200 SOUTH BISCAYNE BLVD.
SOUTHEAST FINANCIAL CENTER SUITE 3650
MIAMI FL 33131**

**200 SOUTH BISCAYNE BLVD.
SOUTHEAST FINANCIAL CENTER SUITE 3650
MIAMI FL 33131**

3. Date Incorporated or Qualified

07/13/1992

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0346618

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

**CAHAN, RICHARD J. ALAN
200 SOUTH BISCAYNE BLVD.
SOUTHEAST FINANCIAL CENTER SUITE 3650
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
THOMSON, PATRICK
POST OFFICE BOX N-65
NASSAU, BAHAMAS**

☒ DELETE

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☐ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

**D
Evans, Peter B.
P.O. Box N-65
Nassau, Bahamas**

☒ Change

☐ Addition

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☐ Addition

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)(k), 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, 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5th February, 1996 (809)323-8574
Daytime Phone #

CR2E034 (12/95)