

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90135 011 ****61.25

0030653

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30456

1. Corporation Name

MIAMI LIGHT PROJECT, INC.

Principal Place of Business

1680 MICHIGAN AVENUE
SUITE 1107
MIAMI BEACH FL 33140
US

Mailing Address

PO BOX 402501
MIAMI BCH FL 33140-0501
US



2. Principal Place of Business

21 3000 Biscayne Boulevard

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 100

27 Suite, Apt. #, etc.

23 City & State
Miami, FL

28 City & State

24 Zip 33137 25 Country USA

29 Zip 30 Country

3. Date Incorporated or Qualified

02/01/1989

4. FEI Number
65-0107810

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

9. Name and Address of Current Registered Agent

MCINTYRE, EDWARD
BUNNELL WOUFFE KIRSCHBAUM
888 E LAS OLAS BOULEVARD #400
FT. LAUDERDALE FL 33301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS

TITLE DS ☒ DELETE
NAME RABBINO, CAREN
STREET ADDRESS 2421 LAKE PANCOAST DR
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE DT ☐ DELETE
NAME KAHN, JULIE
STREET ADDRESS 1198 VENETIAN WAY #311
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DP ☐ DELETE
NAME BERNSTEIN, ANDY
STREET ADDRESS 3310 LEJEUNE ROAD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DV ☐ DELETE
NAME MCINTYRE, EDWARD
STREET ADDRESS 1076 NE 98 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☐ Change ☒ Addition
1.2 NAME Boone, Elizabeth
1.3 STREET ADDRESS 1455 North Treasure Dr. #5M
1.4 CITY-ST-ZIP Miami, FL 33141

2.1 TITLE DS ☐ Change ☒ Addition
2.2 NAME Kjelgaard, Roberta
2.3 STREET ADDRESS 10073 Bay Harbor Terrace
2.4 CITY-ST-ZIP Bay Harbor Islands, FL 33154

3.1 TITLE DC ☒ Change ☐ Addition
3.2 NAME Bernstein, Andrew
3.3 STREET ADDRESS 1485 Daytonia Road
3.4 CITY-ST-ZIP Miami Beach, FL 33141

4.1 TITLE DP ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1-6-99 305-576-4350

CR2E037 (11/98)