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99 MAY -3 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004319

1. Corporation Name

MIAMI INTERNATIONAL BUSINESS PARK MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI FL 33145



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2300 Coral Way Suite, Apt. #, etc.	26 2300 Coral Way Suite, Apt. #, etc.	07/30/1997
22 Suite # 200 City & State	27 Suite # 200 City & State	4. FEI Number 65-0788268
23 Miami Florida Zip	28 Miami Florida Zip	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
24 33145	29 33145	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
MIAMI FL 33145

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

AMADA CANIERA LOPEZ, President

DATE

4/30/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	LOPEZ-CANERA, CARLOS	1.2 NAME	Lopez-Cantera, Carlos
STREET ADDRESS	7401 N.W. 7TH STREET	1.3 STREET ADDRESS	7415 NW 7th Street
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	D	2.1 TITLE	D
NAME	KATSIKOS, LEE	2.2 NAME	Katsikos, Lee
STREET ADDRESS	7401 N.W. 7TH STREET	2.3 STREET ADDRESS	7415 NW 7th Street
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	D	3.1 TITLE	D
NAME	LARREA, LINDA	3.2 NAME	Larrea, Linda
STREET ADDRESS	7401 N.W. 7TH STREET	3.3 STREET ADDRESS	7415 NW 7th Street
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	STV	4.1 TITLE	STV
NAME	GONZALEZ, MARIA	4.2 NAME	Lopez-Cantera, Monica
STREET ADDRESS	7401 NW 7TH STREET	4.3 STREET ADDRESS	7415 NW 7th Street
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 the address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)