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Apr 20, 1999 8:00 am  
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04-20-1999 90268 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000029380

1. Corporation Name  
MIAMI CENTER REGISTERED AGENTS, INC.

Principal Place of Business: 201 S. BISCAYNE BLVD. 17TH FLOOR MIAMI FL 33131  
Mailing Address: 201 S. BISCAYNE BLVD. 17TH FLOOR MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1998  
4. FEI Number: [ ] Applied For [x] 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 owes the current year Intangible Personal Property Tax: [ ] Yes [x] No

2. Principal Place of Business: 21 Kluger, Peretz, et al. Suite, Apt. #, etc. 22 Suite 1700 City & State 23 Miami, FL Zip 24 33131 Country 25 USA  
2a. Mailing Address: 26 201 S. Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 1700 City & State 28 Miami, FL Zip 29 33131 Country 30 USA

9. Name and Address of Current Registered Agent: CHASSEN, JON 201 S. BISCAYNE BLVD. 17TH FLOOR 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, 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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS: DP Jon Chassen, VP Ronny J. Halperin  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 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 607, 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: Ronny Halperin, V.P. 4/12/99 305-34-3036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)