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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90053 048 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000070352**

1. Corporation Name
MIRAMAR INVESTMENTS CORP.

Principal Place of Business
**729 NAVARRE AVENUE
 CORAL GABLES FL 33134**

Mailing Address
**729 NAVARRE AVENUE
 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **671 N.W. 44 Avenue**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **P.O. Box 310251**
 Suite, Apt. #, etc.

City & State
 23 **Miami, FL 33126**
 Zip Country

City & State
 28 **Miami, Florida**
 Zip Country

24 **33125** 25

29 **33231** 30

3. Date Incorporated or Qualified
08/12/1998

4. FEI Number
65-0861593 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**XIQUES, ALBERT J ESQ.
 1000 BRICKELL AVE.
 SUITE 660
 MIAMI FL 33131**

10. Name and Address of New Registered Agent
 81 Name **Carlos M. Machado, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable)
1000 Brickell Avenue
 83 **Suite 660**
 84 City **Miami** 85 Zip Code **FL 33131**

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 **3/2/99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	President/Secretary/Director		
1.2 NAME	Carlos Machado		
1.3 STREET ADDRESS	729 Navarre Avenue		
1.4 CITY-ST-ZIP	Coral Gables, FL 33134		
2.1 TITLE	Vice-Pres./Treasurer/Director		
2.2 NAME	Maria Machado		
2.3 STREET ADDRESS	729 Navarre Avenue		
2.4 CITY-ST-ZIP	Coral Gables, FL 33134		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: **Carlos Machado** DATE **3/2/99** Daytime Phone # **(305) 377-1000**

CR2E034 (1/198)