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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V05468**

1. Corporation Name
HOFFCO OF MIAMI, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 200 S. BISCAYNE BLVD. STE. 3650. S.E. FINANCIAL CENTER MIAMI FL 33131-2394
 Mailing Address: 200 S. BISCAYNE BLVD. STE. 3650. S.E. FINANCIAL CENTER MIAMI FL 33131-2394

3. Date Incorporated or Qualified
01/09/1992

2. Principal Place of Business
 21 **1000 LINCOLN ROAD**
 Suite, Apt. #, etc.:
 22 **SUITE 206**
 City & State
 23 **MIAMI BEACH**
 Zip Country
 24 **FL** 25 **33139**

2a. Mailing Address
 26 **1000 LINCOLN ROAD**
 Suite, Apt. #, etc.:
 27 **SUITE 206**
 City & State
 28 **MIAMI BEACH**
 Zip Country
 29 **FL** 30 **33139**

4. FEI Number **65-0300305**
 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
CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name **PHYLLIS HOFFMAN**
 82 Street Address (P.O. Box Number is Not Acceptable) **ONE BREAKERS ROW**
 83 **PENTHOUSE 163**
 84 City **PALM BEACH** FL 85 Zip Code **33480**

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 *Phyllis Hoffman* **3/25/99**
 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, TODD	
STREET ADDRESS	2204 N. BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1000 LINCOLN ROAD #206
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: *[Signature]* **3/25/99** **305/695-1999**
 Signature and typed or printed name of signing officer or director Date Day/Phone #

CR2E034 (1.1/98)