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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047516 ( )

1. Corporation Name

MIAMI 5TH AVENUE, INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 06/19/1995

3a. Date of Last Report:

2. Principal Place of Business
21 2300 CORAL WAY
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA,
24 Zip: 33145 25 Country: US.

2a. Mailing Address
26 2300 CORAL WAY
27 Suite, Apt. #, etc.
28 City & State: MIAMI FLORIDA,
29 Zip: 33145 30 Country: US.

4. FEI Number: APPLIED FOR ☒ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI **FL** 85 Zip Code: 33145

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: AMADA CANTERA LOPEZ.PRES
Signature (type or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: P/D. MIRANDA, EDGAR 4807 S.W. 67TH AVENUE MIAMI FLORIDA 33155	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: S/T/D. SABA, ELIAS Y. 4807 S.W. 67TH AVENUE MIAMI FLORIDA 33155	2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

FLORIDA DEPARTMENT OF STATE
05/03/96--01036--020
****200.00 ****200.00

$7.50

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

EDGAR MIRANDA — Title if applicable