

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 218104 (8)

1. Corporation Name

MIAMI HOLDING CORP.



Principal Place of Business

6917 COLLINS AVENUE
MIAMI BEACH FL 33141

Mailing Address

6917 COLLINS AVENUE
MIAMI BEACH FL 33141

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/12/1958

3a. Date of Last Report
06/05/1995

4. FEI Number

59-0945131

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

CASTELLANO, BRENDA N
6917 COLLINS AVENUE
SUITE 1611
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name Nestor, Brenda

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Brenda Nestor*

Printed Name, Address, and Signature of Registered Agent

Brenda Nestor, Exec. Vice Pres. 4/16/96

12. OFFICERS AND DIRECTORS

TITLE VD
NAME MOTTRAM, LISA
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL ☐ DELETE

TITLE AT
NAME STRASSBERG, BLANCHE
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE PD
NAME POSNER, VICTOR
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL ☐ DELETE

TITLE EDST
NAME CASTELLANO, BRENDA
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BCH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33141

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33141

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33141

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33141

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

100001917091
-08/08/96--01099--002

***1800.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (305) 866-7272

CR2E034 (12/95)