FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT. # 218104

1. Corporation Name

May 06, 1999 8:00 am Secretary of State

05-06-1999 90285 009 *1,200.00

MIAMI H	OLDING CORP.										
Principal Place	of Rusiness	Ma	iling Address					i 1985))) liadi iyadi (dias lidir adili dibi dibil	Alali Alail dini	i Rinii Dinii Inci	
6917 COLLINS AVENUE 6917 COLLINS AVENUE											
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141								2 224 25			
•								DO NOT WRITE IN THIS SPACE			
							3.	Date Incorporated or Qualifed			
					_		.	12/12/1958			
2. Principal Pl	ace of Business	<u> </u>	Mailing Address				4.	FEI Number		Applied For	
21 26								<u>59-0945131</u>		Not Applicable	
Suite, Apt. #, etc.							Certifcate of Status Desired	•	Additional Required		
22 27 City & State			City & State				-	The state of the s			
City & State							6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23- 7:-	Country	28	Zip	Count	hrv			This corporation owes the current year Ir		10100	
Zip		-	Zip	30	u y		6.	Personal Property Tax.	Yes	□No	
24.	9. Name and Address of Curre	29	ered Agent	30			10.	Name and Address of New Registered			
	3. Maille and Address of Gaire	ant ivegia	erea rigent	1	31	Name			¥		
NESTOR, BRENDA					4						
6917 COLLINS AVENUE]8	82 Street Add			P.O. Box Number is Not Acceptable)			
SUITE 1611			8	33				,			
MIAMI BEACH FL 33141			L	\perp							
				8	34	City	FL 85 Zip Code				
11 Dursuant	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Statut	es the abo		-named corpo	ration	submits this statement for the purpose of	f changing i	ts registered	
office or re	egistered agent, or both, in the State m familiar with,	a of Florid	ອອດແບກ 607.0505, Flo	dzed t	าบ I	the corporation	ı's bo	pard of directors. I hereby accept the appo	ointment as	registered	
SIGNATURE			# TOTAL			t signature required	uthon r	reinstation) DATE			
12.	Signature, typed OFFICERS A	NID DIDE	<u>`</u>	13.	gent	signature required		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	VD COPPORTS	WO DINE	☐ DELETE	1.1 TITL	 F				[] Change		
NAME				1	1.2 NAME						
					3 STREET ADDRESS						
STREET ADDRESS					1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE				2.1 TITL		-211			[] Change	e 🔲 Addition	
	LAUNER, BLANCHE S				2.2 NAME 2.3 STREET ADDRESS						
NAME				- 1							
STREET ADDRESS				1	.4 CITY-ST-ZIP				\		
CITY-ST-ZIP	PD			_			CE	=0/Chairman/Director	Change	e 🔲 Addition	
TITLE NAME		OSNER, VICTOR 321		1	3.2 NAME 3.3 STREET ADDRESS		1 1 comment) sweeter				
NAME STREET ADDRESS	6917 COLLINS AVENUE										
	MIAMI BEACH FL 33141			3.4. CIT							
CITY-ST-ZIP TITLE	EDST		☐ DELETE	4.1 TITL		F1)	P 1	Sange transfer	Change	e	
NAME		STOR, BRENDA 4.21			2 NAME 3 STREET ADDRESS		<u>'</u>	Secretary/Treasurer Chairman / Director			
	6917 COLLINS AVENUE						inc creation I will cont			1	
STREET ADDRESS				4.3 STR							
CITY-ST-ZIP TITLE	MICHIEL COLLECTION OF THE COLL		☐ DELETE	5,1 TITL					[] Chang	e 🔲 Addition	
NAME				5.2 NAM							
						ADDRESS				ĺ	
STREET ADDRESS				5.4 CITY							
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITL					[] Change	e Addition	
NAME				6.2 NAM	Œ						
STREET ADDRESS				6.3 STR	EET.	ADDRESS				}	
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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.

6.4 CITY-ST-ZIP

SIGNATURE: