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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 637382

1. Corporation Name	DE MIAMI #2, INC.								
Principal Place of Bu	siness	Mailing Address				f ifferif finds stete enne et	al 18119 1191 01911 1		
58 NE 1 ST MIAMI FL 33132		58 NE 1 ST MIAMI FL 33132				DO NOT	VRITE IN THIS	: SBACE	
US		US			-	Date incorporated or Qual		SPACE	
						09/25/1979			
2. Principal Place of	Business	2a. Mailing Address			4.	FEI Number			olied For
21		26				<u>59-1936152</u>		\$8.75 A	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desire	d 🗆	Fee Re	
22   City 8 State		City & State				Election Campaign Finance	ina	\$5.00	<u> </u>
City & State .		28			6.	Trust Fund Contribution	"" <sup>9</sup> 🗆	Added to	•
Zip	Country	Zip	Country			This corporation owes the	current vear in		-
24	25		30		0.	Personal Property Tax.	,	∐Yes	XNo
	Name and Address of Current				10.	Name and Address of No	w Registered	Agent	
			81	Name					
SEREBREN	NIK, OSCAR		82	Stroot Ac	ddroes /E	P.O. Box Number is Not Acc	entable)		
58 NE 1 S			62	SHEELAL	uuiess (r	O. BOX HUILDER IS HOUNG			
MIAMI FL :	33132		83						
			84	City				85 Zip C	Code
				1			FL	<b>-</b>     `	
	ed agent, or both, in the State of	2 and 607.1508, Florida Statute	thorized by	the comor:	ation's bo	hard of directors. I hereby a	ccept the appo	entment as reg	gisterea
agent. Fam fami	liar with, and accept the obligat	tions of, Section 607.0505, Floh	da Statutes	•			DATE	. <u></u>	<del></del>
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this thing 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 finual 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: