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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90042 023 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739337**

1. Corporation Name

**DOWNTOWN MIAMI PARTNERSHIP, INC.**

Principal Place of Business

25 S.E. SECOND AVENUE  
 SUITE #1007  
 MIAMI FL 33131  
 US

Mailing Address

25 S.E. SECOND AVENUE  
 SUITE #1007  
 MIAMI FL 33131  
 US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

06/13/1977

4. FEI Number

59-1743641

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

9. Name and Address of Current Registered Agent

**KAPUSTIN, RAFAEL**  
 25 S.E. SECOND AVENUE  
 SUITE #750  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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 IN 12

TITLE **D**  DELETE  
 NAME **KAPUSTIN, RAFAEL**  
 STREET ADDRESS **25 S.E. 2ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **PD**  DELETE  
 NAME **PARDO, GEORGINA**  
 STREET ADDRESS **25 SE 2ND AVENUE, #1007**  
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **WINTON, JOHN**  
 STREET ADDRESS **25 SE 2ND AVE #1007**  
 CITY-ST-ZIP **MIAMI FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **TD**  DELETE  
 NAME **BEHAR, YOSHUA SAL**  
 STREET ADDRESS **25 SE 2ND AVENUE, #1007**  
 CITY-ST-ZIP **MIAMI FL**

4.1 TITLE  Change  Addition  
 4.2 NAME **Secretary**  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **KUPER, RICHARD**  
 STREET ADDRESS **25 SE 2ND AVE #1007**  
 CITY-ST-ZIP **MIAMI FL**

5.1 TITLE  Change  Addition  
 5.2 NAME **Treasurer**  
 5.3 STREET ADDRESS **Lucia Gelotte**  
 5.4 CITY-ST-ZIP **8 SE 2 Ave # 909**  
**MIAMI FL 33131**

TITLE **D**  DELETE  
 NAME **ROK, SERGIO**  
 STREET ADDRESS **25 SE 2 AVENUE**  
 CITY-ST-ZIP **MIAMI FL**

6.1 TITLE  Change  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 617, 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:

**GEORGINA PARDO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGINA PARDO 1/21/99 (305) 379-7070

Date

Daytime Phone #

CR2E037 (1/198)