

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90076 038 ***150.00

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DOCUMENT # F96000003580

1. Corporation Name

ERM MANAGEMENT, INC.



Principal Place of Business

2665 S. BAY SHORE DR. SUITE 1101
COCONUT GROVE FL 33133

Mailing Address

2665 S. BAY SHORE DR. SUITE 1101
COCONUT GROVE FL 33133

1001 Brickell Bay Dr
30th Floor
MIAMI, FL

2. Principal Place of Business

21 1001 Brickell Bay Dr
Suite, Apt. #, etc.
30th Floor

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

22 City & State
MIAMI, FL

27 City & State

23 Zip 33131 Country USA

28 Zip Country

24 9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1996

4. FEI Number

65-0679834

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MILLER CAPITAL MANAGEMENT INC.

2665 S. BAY SHORE DR. SUITE 1101

COCONUT GROVE FL 33133

1001 Brickell Bay Dr. 30th Floor
MIAMI, FL 33131

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE CP ☐ DELETE

NAME MILLER, EDMUND R

STREET ADDRESS 2665 S. BAY SHORE DR. SUITE 1101

CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE S ☐ DELETE

NAME HOWELL, CARMEN

STREET ADDRESS 2665 S. BAY SHORE DR. SUITE 1101

CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1001 Brickell Bay Dr. 30th Floor

1.4 CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1001 Brickell Bay Dr. 30th Floor

2.4 CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)