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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H53799

(3)

MIAMI BROKERS, INC.

FILED
May 05 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address									İ				. 1981911 AIR! BIIGA IIIII 1891A 1916 1)1 2 1811 9	1911 9191	1 81811 1081
444 BRICKELL AVENUE SUITE 600 MIAMI FL 33131 US					444 BRICKELL AVENEU Suite 600 Miami FL 33131 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
00												٠,	04/23/1985				
2. Principal P	lace of Busi	ness			2a.	Mailing Add	ress					4.	FEI Number			A£	plied For
21					26								59-2591985		Not Applicable		
Suite, Apt. #, etc.					Suite, Apt. #, etc.							5.	Certificate of Status Desired			3.75 A	Additional equired
City & State					City & State							6.	Election Campaign Financing		\$	5.00	May Be
23					28								Trust Fund Contribution			idded 1	o Fees
Zip	Country				—¬ ' — —¬ -			Country			8.	This corporation owes or has pa		_ `	_	_ ~	
24	25 Name and Address of Curren				29 30 30						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent						
9, Name and Address of Current Registered Agent										81 Name			Haine and Address of Herr A	gistored	Myoni		
Vaisman, Daniel 444 Br ickell avenue																	
SUITE 600									82	Street Address			ss (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131									83								
									104	_	Na .					85 Zip Code	
									84		City			FL			
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta 											amed corpo e corporatio	ratio on's b	in submits this statement for the coard of directors. I hereby acce	purpose opt the ap	of chan pointm	iging it ent as	s registered registered
SIGNATURE																	
Signature, typed or printed name of rege terred agent and title if applicable (NOTE: Re										int si	ignature required			DATE	D DID:		0.111.40
12.	DP		OFFICENS	MND OI	Mr C		ELETE	13.	ITLE				ADDITIONS/CHANGES TO OFFI	CEHS AN	DIRE		S IN 12 Addition
NAME	VAISMA	N. DAN	tiFt						NAME							go	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS			AVE #600		· ·			STREET	ANE	ORESS							
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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 suppliemental 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.

Daniel Vaisman

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