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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H53799

MIAMI B	ROKERS, INC								
Principal Place of Business 444 BRICKELL AVENUE SUITE 600 MIAMI FL 33131		Mailing Address 444 BRICKELL AVENEU SUITE 600 MIAMI FL 33131				DO NOT WRITE IN			
US		US			;	 Date Incorporated or Qualifed 04/23/1985 			
<u> </u>	lace of Business	2a. Mailing Address			4	4. FEI Number 59-2 591985			lied For
21 228 S. Suite, Apt.	Coconut Lane	26 228 S. Cocor Suite, Apt. #, etc.	iut La	ne		39-239 1903	- \$8		Applicable dditional
22	#, GIO.	27			!	5. Certificate of Status Desired	•	ee Re	
City & 5 tat	Beach, FL	City & State 28 Miami Beach,	, FL		,	6. Election Campaign Financing Trust Fund Contribution	•		May Be o Fees
Zip 3313	39 Country U.S.A.	Zip 33139 3	Country U.	S.A.		This corporation owes the current year Personal Property Tax.	ar Intangible		□No
	9. Name and Adcress of Current	Registered Agent			1	0. Name and Address of New Registe	ered Agent		
. VAIS	MAN, DANIEL		81	Name					_
	BRICKELL AVENUE		82	Street A	dress	(P.O. Bo). Number is Not Acceptable) Coconut Lane			
	TE 600		83		<u></u>	LOCOTTIL Lane			
MIAI	VII FL 33131			<u> </u>	_				
			84	City Mian	ni Be	each	FL 85	Zip C 33]	1.39
office or a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat o	"Florida: Such change was auf	horized by	the corpor.	crporati	ion submits this statement for the purpos board of directors. I hereby accept the a	se of changir ippointment	ng its i as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOT E: F	Registered Age	nt signature req	q iired whe	n reinstating) DAT	E_		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	DP	☐ DELETE	1.1 TITLE				☐ Ch	ange	☐ Addition
NAME	VAISMAN, DANIEL 444 BRICKELL AVE #600		1.2 NAME		228	8 S. Coconut Lane			
STREET ADDRESS	MIAMI FL					ami Beach, FI 33139			
CITY-ST-ZIP	MIAN 1 L	☐ DELETE	2.1 TITLE			mit Discort, Lie 33135	Cha	ange	Addition
NAME			2.2 NAME						
STREET ADOR£ SS			2.3 STREET ADDRESS						
CITY-ST-ZIP	·		2. 4 CITY-5	ST-ZIP					- Addition
TITLE		☐ DELETE	3.1 THILE				Ch:	ange	☐ Addition
NAME			3.2 NAME	T ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CITY-ST-ZIP				☐ Ch	ange	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY+ST+ZIP		☐ DELETE	4.4 CITY-ST-ZIP						
TITLE			5.1 TITLE				☐ Ch	ange	☐ Addition
NAME.			5.2 NAME	TADDRESS					
STREET ADORESS			5.3 STREE	l l					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	4.11			Ch:	ange	Addition
NAME			6.2 NAME					-	

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 attact ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR

4/22/99

(305) 639-3131