

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

FILED

May 01 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Moribam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **H53965** (0)
1. Corporation Name
MIAMI GARDENS EXTENSION ROAD CORP.

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| Principal Place of Business % COHEN, GARY 17971 BISCAYNE BLVD #220 N MIAMI BCH FL 33160 US | Mailing Address % COHEN, GARY 17971 BISCAYNE BLVD #220 N MIAMI BCH FL 33160 US |
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DO NOT WRITE IN THIS SPACE

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|---|--|---|---|---|--|
| 2. Principal Place of Business 21 Two Islands Drive Suite, Apt. #, etc. 22 Aventura FL 33160 City & State 23 Zip 24 33160 Country 25 ade | | 2a. Mailing Address 26 Box 601 011 Suite, Apt. #, etc. 27 NMB FL City & State 28 Zip 29 33160 Country 30 ade | | 3. Date Incorporated or Qualified 04/25/1985 | |
| 4. FEI Number 65-0136248 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent COHEN, GARY 17971 BISCAYNE BLVD #220 N MIAMI BCH FL 33160 | | | 10. Name and Address of New Registered Agent 81 Name Harvey Schneider Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 1900 Corporate Blvd. 83 Suite 301 West Building 84 City Boca Raton, FL 85 Zip Code 33431 | | |

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 of 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]* (NOTE: Registered Agent signature required when reinstating) DATE **4/4/98**

| | | | |
|--|---|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP COHEN, GARY 3033 NE 183RD LANE N MIAMI BCH FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate to the best of my knowledge and belief, and that it has the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

[Signature]
3/24/98 305-935-9206

CR2E034 (10/97)