Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90059 026 ***150.00

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

DOCUMENT # H53965

MIAMI G	ARDENS EXTENSION ROA	D CORP.			
Principal Place	of Business	Mailing Address		1 INDIRE DIRE DIE DITIED INTER DISOL NITE BED	is AtAtı mener minte mener utatı enac
2 ISLANDS DR BOX 601011			A .		
	E BLVU 7220 Kemove	TOTA BIOGRAPHE OLUB HEED	Kemove	DO MOT MUDITE IN TH	uò oneor
AVENTURA FL 33160 N MIAMI BCH FL 33160				DO NOT WRITE IN TH	IIS SPACE
US		US		3. Date Incorporated or Qualifed	
		A4 30		04/25/1985	TA-lied For
- 17	lace of Business Wine	2a. Mailing Address P.O. Box 6016	stl	4. FEI Number	Applied For
21 (S(as		26 P.O. 150 x BOTO		65-0136248	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desired	Fee Required
City & Stat	\$ 6/-	City & State Sea	1-1/0	6. Election Campaign Financing	\$5.00 May Be
23 Muen	una tra	120		Trust Fund Contribution	
Zip	Country	Zip 33/60 30	Dade	This corporation owes the current year Personal Property Tax.	Introdible No
24 33/	9. Name and Address of Currer		Deci -	10. Name and Address of New Registere	
	9. Name and Address of Currer	it Registered Agent	81 Name	To. Hallo alle radioco of the ringson.	
SCHNEIDER ESQ, HARVEY					
1900 CORPORATE BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STE 301 W BLDG			83		
	A RATON FL 33431				
			84 City	F	85 Zip Code
dd Dissessant	to the previous of Spetians 607 050	22 and 607 1508 Florida Statutes 1	he shove named cor	rooration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	inzed by the corporal	tion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE		AUT	stered Agent signature requi	ired when reinstating) DATE	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	□ DELETE	1.1 TITLE	* -	Change Addition
NAME	COHEN, GARY			and second the A.	
STREET ADDRESS	3033 NE 183RD LANE	<i>.</i>	1.3 STREET ADDRESS	Island Cotates muse	
	N MIAMI BCH FL	4	1.4 CITY-ST-ZIP	Aventura, Fla. 3316	60
CITY-ST-ZIP TITLE	TO INITIANI DOTT TE	☐ DELETE	2.1 TITLE	110000000000000000000000000000000000000	Change Addition
NAME		_	2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
		1	2.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		Change Addition
NAME	_	_	3.2 NAME	•	
STREET ADDRESS	,	į	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		<u> </u>
TITLE	-	☐ DELETE	4.1 TITLE		Change Addition
NAME	,		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	•	i	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	_	1	6.2 NAME		
STREET ADDRESS	$\Lambda = 1/2$. The Λ		6.3 STREET ADDRESS		
CITY-ST-ZIP		. /	6.4 CITY-ST-ZIP	•	

SIGNATURE:

hereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changed, of

WJIRED D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a 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 liver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in