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PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

141

FILED Mar 24 1998 8:00am Secretary of State

HERTZ:	BROWN VENTURE 167 CC	JHP. Mailing Addre	ess						
% MICHAEL S. BROWN 3195 PONCE DE LEON BLVD. CORAL GABLES FL 33134		% MICHAEL S. BROWN 3195 PONCE DE LEON BLYD. CORAL GABLES FL 33134			DO NOT WR	ITE IN THIS	SPACE		
		COHAL GABL	.ES FL 33134	•		3. Date Incorporated or Qualifie		OI AOL	
						05/06/1987	~		
2. Principal P	Place of Business	2a. Mailing Ac	ddress			4. FEI Number		A	pplied For
1		26			59-2814256		N	ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27				6. Certificate of Status Desired		Fee R	equired
City & State	o e	City & Stat	to			8. Election Campaign Financing			May Be
23		28	· 1			Trust Fund Contribution			to Fees
Z.ip	Country	Žφ		Country		8. This corporation owes or has	*		
24	25 g. Name and Address of Curre	29]		30		Personal Property Tax due Ju 10. Name and Address of New			_l No
		ur negistered Agen	···	81	Name	10. Name and Address of New	negistered	Agent	
	OWN, MICHAEL S.								
	95 PONCE DE LEON BLVD. DRAL GABLES FL 33134			82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
CO	MAL GADLES PL 33134			63					
				84	City		FL	85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607 050 registered agent, or both, in the State and second the plant	02 and 607,1508, Fix e of Florida, Such ch	orida Statute lange was a	es, the above authorized by	-named corp the corporati	oration submits this statement for th ion's board of directors. I hereby ac	e purpose o cept the ap	of changing i pointment as	its registered registered
CICNIATURE	to the provisions of Sections 607-056 registered agent, or both, in the State im familiar with, and accept the oblig					oration submits this statement for the ion's board of directors. I hereby ac	e purpose ocept the app	of changing i pointment as	its registered registered
CICNIATURE	Signifure typod or punted name of regulated ag	yent and title if applicable	(NOTE				DATE	D DIRECTO	
SIGNATURE	Signature Vivod or printed name of regularized ag OFFICERS AN	yent and title if applicable		: Fing-stered Agen		ed when reinstating)	DATE		RS IN 12
SIGNATURE	Signature Vivod or purified name of regularized ag OFFICERS AN PTD BROWN, MICHAEL S.	gent and tale it approache. ND DIRECTORS	(NOTE	: Fix-g-stered Agen		ed when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TILE NAME	Signature by odd or president name of regularized ag OFFICE RS AN PTD BROWN, MICHAEL S. 3195 PONCE DE LEON BLVI	gent and tale it approache. ND DIRECTORS	(NOTE	13.	nt signature require	ed when reinstating)	DATE	D DIRECTO	RS IN 12
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empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

3-10-98