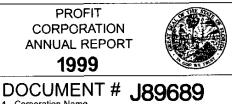
. [FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

STERLING MIAMI, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90080 035 ***150.00

a comprese de la como como desentación de esta de esta

Principal Place	Mailing Address				- i i i i i i i i i i i i i i i i i i i	, 21011 21317 27311 2		
5835 BLUE LAG	SOON DR	5835 BLUE LAGOON DR						
400	•	5835 BLUE LAGOON DR				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33126 CORAL GABLES FL 33126 US US						3. Date Incorporated or Qualifed		
00		00				08/26/1987		
2 Principal Pl	lace of Business	2a, Mailing Address				4, FEI Number	Ap	plied For
21	idos di Edomoss	26				59-2844644	No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee Re	equired
City & State	e ·	City & State FL	-			-6 Election Campaign Financing	-	May Be
23		20 -	Countr			Trust Fund Contribution	Added 1	to Fees
Zip	Country Zip Co 25 29 30			ntry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No ☐				
24]	9. Name and Address of Current					10. Name and Address of New Registere	d Agent	
	5. Name and Address of Carrent		81	Name				
CT CORPORATION SYSTEM			82	Ctropt	et Address (P.O. Box Number is Not Acceptable)			
	CT CORPORATION SYSTEM			Juen.	Addre	as (1:0. Box Hullibor to Hot / Goophable)		
) SOUTH PINE ISLAND RD.							
PLA	NTATION FL 33324		84	City			. 85 Zip (Code
				' '		ration submits this statement for the purpose		
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autho ions of, Section 607.0505, Florida	rized by Statute:	the corp s.	oratior	n's board of directors. I hereby accept the app	ointment as re	egistered
	Signature, typed or printed name of registered agent		istered Age	nt signature	required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	1.1 TITLE		DI		Change	Addition
NAME	DRESNICK, STEPHEN J M.D.	<u></u>	1.2 NAME		-//		74	
STREET ADDRESS	5835 BLUE LAGOON DR			T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126			ST-ZIP		•		
TITLE	VPAT	DELETE 2.1 TI					Change	Addition
NAME	LASH, STEVEN	,	2.2 NAME		}	•		
STREET ADDRESS	ACCO NODEL DO OTE COO		2.3 STREE	T ADDRESS	·		;	. 1
CITY-ST-ZIP	SAN DIEGO CA	2.4C		ST-ZIP		-		
TITLE	VCF0	☐ DELETE	3.1 TITLE		VI	T	Change	☐ Addition
NAME	GREENMAN, JACK S. C		3.2 NAME		' '	•		
STREET ADDRESS	5835 BLUE LAGOON DR		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		3.4. CITY-	ST-ZIP			<u> </u>	
TITLE	VAST	X DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	MOORE, CHERYL		4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	SAN DIEGO CA		4.4 CITY-		L.,			T A delition
TITLE	VPAS	☐ DELETE	5.1 TITLE		 \ / /	5	Change	☐ Addition (
NAME	LEBOVITZ, JAMES		5.2 NAME		10	EDL HIGH BLUFFDA.	UITE3	Ì
STREET ADDRESS				T ADDRESS	12	526 HIGH BLUFFDR, S SAN DIEGO, CA 921	25	
CITY-ST-ZIP	SAN DIEGO CA		5.4 CITY-		<u> </u>	DAN DIEGO, CA 4218	☐ Change	☐ Addition
TITLE	AS	☐ DELETE	6.1 TITLE 6.2 NAME					L Addition
NAME	WATKIN, NANCY K							
STREET ADDRESS	5835 BLUE LAGOON DR		ของIKE	ET ADDRESS				

6.4 CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

SIGNATURE:

MIAMI FL 33126