

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K08035** (3)

1. Corporation Name:
MIAMILAND FINANCE, INC.



Principal Place of Business: **169 E. FLAGLER ST. SUITE 827 MIAMI FL 33131 US**
Mailing Address: **169 E. FLAGLER ST. SUITE 827 MIAMI FL 33131 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: **12/21/1987**
3a. Date of Last Report: **04/14/1995**
4. FET Number: **65-0017423** Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KATZ, JOSE
169 E. FLAGLER ST.
SUITE 827
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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, typed or printed name of registered agent and title, if any, in Block 12.

Block 13 Registered Agent's signature required when making change.

Date

12. OFFICERS AND DIRECTORS
TITLE: **PD**
NAME: **KATZ, JOSE**
STREET ADDRESS: **169 E. FLAGLER ST., STE. 827**
CITY-STATE-ZIP: **MIAMI FL**
TITLE: **AS**
NAME: **HARRIS, ELLIOTT**
STREET ADDRESS: **111 SW 3RD ST, 6TH FLOOR**
CITY-STATE-ZIP: **MIAMI FL 33130**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-STATE-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-STATE-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-STATE-ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP: Change Addition
4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-STATE-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Katz
JOSE KATZ

4/1/96 (305) 381-7707

CR2E034 (12/95)