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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K44430

1. Corporation Name

SOUTH MIAMI-62ND PLACE, INC.

Principal Place of Business

50 W MASHTA DRIVE
SUITE 5
KEY BISCAYNE FL 33149

Mailing Address

50 W MASHTA DRIVE
SUITE 5
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1988

4. FEI Number

65-0085699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS INC
2601 SO. BAYSHORE DRIVE
19TH FL.
MIAMI FL 33133

2a. Mailing Address

26 641 S. MASHTA DR.

Suite, Apt. #, etc.

27 City & State

28 Key Biscayne, FL.

Zip

29 33149

Country

30 Dade

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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, 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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LONDON, I. EDWARD

STREET ADDRESS 50 W. MASHTA DR

CITY-ST-ZIP KEY BISCAYNE FL

TITLE DVP ☐ DELETE

NAME MORALES, OSCAR

STREET ADDRESS 7300 SW 62ND PL, 4TH FLR

CITY-ST-ZIP SOUTH MIAMI FL

TITLE DS ☐ DELETE

NAME HIRSCH, NATHAN

STREET ADDRESS 7300 SW 62ND PL, 3RD FL

CITY-ST-ZIP S. MIAMI FL

TITLE DT ☐ DELETE

NAME SAMIMY, JEAN B.

STREET ADDRESS 7300 SW 62ND PL, 3RD FL

CITY-ST-ZIP S. MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)