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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

181

Cooperation Name COORS PROPERTIES CORP. Proceed Place of Business Making Address							
Principal Place of Business M. 801 BRICKELL AVE. 9TH FLOOR		· ·	801 BRICKELL AVE. 9TH FLOOR				
MIAMI FL 3		MIAMI FL 33131	1-2900		 Date Incorporated or Qualified 04/27/1990 	3a. Date of La 04/0	st Report 7/1995
2. Principal Fl	. Principal Place of Business 2a.				4. FEI Number		Applied For
[26]		[26]			65-0198032	Not Applicable \$8.75 Additional	
Suite Apt. #, etc		}1	Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required
City & State		Oity & State	Oity & State		Election Campaign Financing . Trust Fund Contribution		5.00 May Be Added to Fees
Zip Country		28	Country 30		8. This corporation has liability for intangible tax under sides 199 032, Florida Statutes ★Yes No		
<u> </u>	25 9. Name and Address of Cur		1301		10. Name and Address of New R	egistered Ager	it
	<u> </u>		8	Name			
COORS, MICHAEL			8	82 Street Address (P.O. Box Number is Not Acceptable)			
	RICKELL AVE.		ļ_	33			
9TH F	LOOR		8				1 3 0 1
MAM	FL 33131-2900		e	34 City		FL 81	Zip Code
SIGNATURE 12.	OFFICERS	OFFICERS AND DIRECTORS PTSD		if	ADDITIONS/CHANGES TO OFF	ICERS AND DIF	
NAME COORS, MICHAEL			1.2 NAN	ME			
STREET ADDRESS 801 BRICKELL AVE., 9TH FLOOR			13 STREET ALTORESS				
CITY-ST-ZIP	MIAMI FL 33131-2900	F1 h016		Y - \$1 - ZIP			
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14. If do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 cartly 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 cartly, that I am an officer or director of this corporation or the receiver or trusted 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

305-372-3966 Daylare Profess