

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L69200 (8)

1. Corporation Name  
COORS PROPERTIES CORP.



Principal Place of Business

801 BRICKELL AVE.  
9TH FLOOR  
MIAMI FL 33131-2000

Mailing Address

801 BRICKELL AVE.  
9TH FLOOR  
MIAMI FL 33131-4945

2. Principal Place of Business

21 801 BRICKELL AVE.

Suite Apt. #, etc.

22 9TH FLOOR

City & State

23 MIAMI FL

Zip

Country

24 33131-4945

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/27/1990

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0198032

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

COORS, MICHAEL  
801 BRICKELL AVE.  
9TH FLOOR  
MIAMI FL 33131-2000

10. Name and Address of New Registered Agent

81 Name

COORS, MICHAEL

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

801 BRICKELL AVE.

83 9TH FLOOR

84 City  
MIAMI FL

FL

85 Zip Code

33131-4945

11. Pursuant to the provisions of Sections 607.0602 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

April 14, 1997

12. OFFICERS AND DIRECTORS

TITLE PTSD ☐ DELETE

NAME COORS, MICHAEL

STREET ADDRESS 801 BRICKELL AVE., 9TH FLOOR

CITY-ST-ZIP MIAMI FL 33131-2000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PTSD ☒ Change ☐ Addition

1.2 NAME COORS, MICHAEL

1.3 STREET ADDRESS 801 BRICKELL AVE., 9TH FLOOR

1.4 CITY-ST-ZIP MIAMI FL 33131-4945

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 1997 (305) 372-3966

Date

Day:me Phone #

0170316

CR2E034 (9/96)