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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M85942

1. Corporation Name

MITRANI, RYNOR, ADAMSKY, MACAULAY & ZORRILLA, P.

Principal Place of Business		Mailing Address			
ONE SE THIRD AVE		ONE SE THIRD AVE			·
SUTIE 2200		SUITE 2200			DO NOT WRITE IN THIS SPACE
MIAMI FL 33131		MIAMI FL 33131			3. Date Incorporated or Qualifed
US		US			1
0 Dd I DI		2a. Mailing Address			06/17/1988 4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address	¬		
21		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc ₁		27 Suite, Apr. #, etc.	¬ ' '		5. Certificate of Status Desired Fee Required
22			City & State		
City & State		28	¬ ` · · · ·		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country		8. This corporation owes the current year Intangible
_	25		, · —		Personal Property Tax.
24	9. Name and Address of Current		101		10. Name and Address of New Registered Agent
	3. Raine and Address of Ourient	, togistore g 7 tgo	81	Name	
MITE		L	ļ		
ONE SE 3RD AVENUE			82	Street /	Address (P.O. Box Number is Not Acceptable)
SUITE 2200				3	
MIAMI FL 33131				1	
***************************************	1 2 00 10 1		84	City	85 Zip Code
	(0.15.00	J COZ 4EOO Elevido Statutos	the obox	in nomed	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	Florida. Such change was aut	inorized by	tne corpo	pration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	S.	
SIGNATURE		Town or the state of the state of			equired when reinstating) DATE
42	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ini signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DELETE	1.1 TITLE	<u>-</u>	Change Addition
TITLE	- SID .		12 NAME		Pamela Chamberlin
NAME .	ADAMSKY, STEVEN E.	^	1.3 STREET ADDRESS		One S.E. 3rd Avenue #2200
STREET ADDRESS 110 SE 6TH STREET SUITE 1940		U	1.4 CITY-ST-ZIP		Miami, Florida 33131
CITY-ST-ZIP	FORT LAUDERDALE FL	☐ DELETE	2.1 TITLE	31-ZIP	☐ Change ☐ Addition
TITLE	PD		2.7 NAME	ļ	
NAME:	MITRANI, ISAAC		•	í	•
STREET ADDRESS	ONE SE 3RD AVENUE #2200		1	T ADDRESS	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2. 4 CITY-	ST-ZIP	☐ Change ☐ Addition
ππLE	VD	□ DEFEIE	3.1 TITLE		- Grange Circuston
NAME	RYNOR, JEFFREY	- *	3.2 NAME	1	, · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			1	ET ADORESS	
CITY-ST-ZIP	The second secon		3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE	D 0		4.1 TITLE		□ Criange □ Addition
NAME	Robert B. Macaul		4. 2 NAME	Į	
STREET ADDRESS	one bill the meet y 2200			ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	CO D Addition
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Juan C. Zorrilla		5.2 NAME		, '
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	Miami Plovida 22121		5.4 CITY-		
TITLE	D	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Loren H. Cohen		6.2 NAME		
STREET ADDRESS		10000	6.3 STREE	ET ADDRESS	
	DDG S R 3rd Amonio 40000		6.4 CITY-	ST-ZIP	·

14. I hereby certify that the information subplied 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:

302 328.0026