
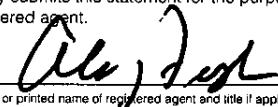
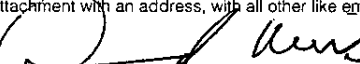


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90059 032 \*\*\*\*70.00

<b>DOCUMENT # N02000002553</b>					
<b>1. Entity Name</b> MIAMI ASSET MANAGEMENT COMPANY, INCORPORATED					
<b>Principal Place of Business</b> OFFICE OF THE SECRETARY, PLUMER BLDG. 5915 PONCE DE LEON BLVD. SUITE 11 CORAL GABLES, FL 33146			<b>Mailing Address</b> OFFICE OF THE SECRETARY, PLUMER BLDG. 5915 PONCE DE LEON BLVD. SUITE 11 CORAL GABLES, FL 33146		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		01122004    Chg-NP    CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 11-3642657	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  REYES, JUAN 1611 N.W. 12TH AVENUE PARK PLAZA WEST, L-309 MIAMI, FL 33136			<b>7. Name and Address of New Registered Agent</b> Name <b>ALAN J. FISH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1507 LEVANTE AVENUE</b> <b>327 MAX OROVITZ BUILDING</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33146</b>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE</b>  </div> <div style="width: 40%; text-align: center;"> <b>Alan J. Fish</b>  <b>V.P. for Business Services</b> </div> <div style="width: 30%; text-align: right;"> <b>February 26, 2004</b> </div> </div> <p style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</p>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>BO</del> <b>BARE, JOSE P CHRM</b> 5800 NORTHWEST 74TH AVE SUITE 100 MIAMI, FL 33166	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  See attached list of Board of Directors.	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>CEO</del> <b>COBB, CHARLES E JR</b> 255 ARAGON AVENUE SUITE 333 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <b>EASTON, EDWARD</b> 10165 NORTHWEST 19TH ST. MIAMI, FL 33172	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <b>LIEBERMAN, DAVID A SENIOR</b> 230 ASHE BLDG., P.O BOX 248106 CORAL GABLES, FL 331244626	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>CEO</del> <b>FAIN, RICHARD D</b> 1050 CARIBBEAN WAY MIAMI, FL 331322074	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>CB D</del> <b>MILLER, LEONARD CHAIRMA</b> 700 NORTHWEST 107TH AVENUE MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 		Sherwood Weiser		03/15/04    305-284-4024	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

*Attachment*

*#1002000002553*

**MIAMI ASSET MANAGEMENT COMPANY, INC.**

**Board of Directors**

**Mr. Sherwood Weiser (Chairman)**

Chairman and Chief Executive Officer  
CHC International, Inc.  
3250 Mary Street, 5<sup>th</sup> Floor  
Miami, Florida 33133

**The Honorable Charles E. Cobb, Jr.  
(Vice Chair)**

Sr. Managing Director and Chief  
Executive Officer  
Cobb Partners, Ltd.  
255 Aragon Avenue, Suite 333  
Coral Gables, Florida 33134

**Mr. Jose P. Bared  
(Secretary/Treasurer)**

Chairman  
United Petroleum  
5800 Northwest 74<sup>th</sup> Avenue, Suite 100  
Miami, Florida 33166

**Mr. Edward Easton (Director)**

President  
The Easton Group  
10165 Northwest 19<sup>th</sup> Street  
Miami, Florida 33172

**Mr. Richard D. Fain (Director)**

Chairman and Chief Executive Officer  
Royal Caribbean Cruises, Ltd.  
1050 Caribbean Way  
Miami, Florida 33132-2074

**Mr. David A. Lieberman (ex-officio  
Director)**

Senior Vice President  
Division of Business and Finance  
University of Miami  
230 Ashe Building  
P.O. Box 248106  
Coral Gables, Florida 33124-4626

**Mr. Jorge Perez (Director)**

Chairman  
The Related Group of Florida  
Penthouse #1  
2828 Coral Way  
Miami, Florida 33145

**Dr. Donna E. Shalala (ex-officio  
Director or her designee)**

President  
University of Miami  
Post Office Box 248006  
Coral Gables, Florida 33124