



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90055 014 \*\*\*\*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>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-3642657	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FISH, ALAN J 1507 LEVANTE AVENUE 327 MAX OROVITZ BLDG CORAL GABLES, FL 33146			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARES, JOSE P CHRM 5800 NORTHWEST 74TH AVE SUITE 100 MIAMI, FL 33166		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attached Board of Directors list	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COBB, CHARLES E JR 255 ARAGON AVENUE SUITE 333 CORAL GABLES, FL 33134		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTON, EDWARD 10165 NORTHWEST 19TH ST. MIAMI, FL 33172		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EOD LIEBERMAN, DAVID A SENIOR 230 ASHE BLDG., P.O BOX 248106 CORAL GABLES, FL 331244626		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIN, RICHARD D 1050 CARIBBEAN WAY MIAMI, FL 331322074		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JORGE 2828 CORAL WAY PENTHOUSE #1 MIAMI, FL 33145		<input type="checkbox"/> Delete	<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, Chairman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/28/04		
Daytime Phone #			305-284-4025		

50009496



01032005 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
11-3642657

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

FISH, ALAN J  
1507 LEVANTE AVENUE  
327 MAX OROVITZ BLDG  
CORAL GABLES, FL 33146

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

FL Zip Code

**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.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BARES, JOSE P CHRM  
5800 NORTHWEST 74TH AVE SUITE 100  
MIAMI, FL 33166

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
See Attached Board of Directors list

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VC  
COBB, CHARLES E JR  
255 ARAGON AVENUE SUITE 333  
CORAL GABLES, FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EASTON, EDWARD  
10165 NORTHWEST 19TH ST.  
MIAMI, FL 33172

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EOD  
LIEBERMAN, DAVID A SENIOR  
230 ASHE BLDG., P.O BOX 248106  
CORAL GABLES, FL 331244626

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FAIN, RICHARD D  
1050 CARIBBEAN WAY  
MIAMI, FL 331322074

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PEREZ, JORGE  
2828 CORAL WAY PENTHOUSE #1  
MIAMI, FL 33145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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**SIGNATURE:**  Sherwood Weiser, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/28/04

Daytime Phone #

305-284-4025

ATTACHMENT # NO2000002553  
50009496

**Mamco - Board of Directors**

Sherwood M. Weiser, Chairman  
The Continental Companies, LLC  
3250 Mary Street, Penthouse  
Coconut Grove, FL 33133

Charles E. Cobb Jr., Vice-Chairman  
Cobb Partners  
255 Aragon Avenue, Suite 333  
Coral Gables, FL 33134

Jose P. Bared, Secretary/Treasurer  
Farm Stores Grocery, Inc.  
5800 NW 74<sup>th</sup> Avenue  
Miami, FL 33166

Edward W. Easton  
The Easton Group  
10165 Northwest 19<sup>th</sup> Street  
Miami, FL 33172

Donna E. Shalala, ex officio  
University of Miami  
230 Ashe Building  
1252 Memorial Drive  
Coral Gables, FL 33146

David A. Lieberman, ex officio  
University of Miami  
230 Ashe Building  
1252 Memorial Drive  
Coral Gables, FL 33146

Jorge M. Perez  
Related Group of Florida  
2828 Coral Way, Penthouse  
Miami, FL 33145

Richard D. Fain  
Royal Caribbean Cruises Ltd.  
1050 Caribbean Way  
Miami, FL 33132

Ronald G. Stone  
The Comprehensive Companies  
2103 Coral Way, Suite 200  
Miami, Florida 33145

**ATTACHMENT**

# 102000002553  
50009496

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The Continental Companies, LLC  
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Coconut Grove, FL 33133

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Cobb Partners  
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Miami, FL 33166

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Coral Gables, FL 33146

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