FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State

DIVISION OF CORPORATIONS *

1996

DOCUMENT # N35067

(0)

MIAMI CENTENNIAL '96, INC.

Principal Place of Business Mailing Address					61 81811 B1811 B1811 B1811	aran pigu ippi	
% 4401_BRICKELL_AVE. -SUITE_300 MIAMI FL_33131		% 1401 BRICKELL AVE. SUITE 700 MANUEL 23131	SUITE 700 MIAMI FL 33131 US				
US		US			 Date Incorporated or Qualified 11/03/1989 	ed 3a. Date of Last Report 04/24/1995	
2. Principal Place of Business 21 100 56 301 54 26 100 56			> 1 C1	·	4. FEI Number 65-0172657	 	Applied For
21 100 5			2011 27	`	03 0 172037		Not Applicable
22 28 100 27 28 10x City & State City & State			0		Certificate of Status Desired	L) Fee	5 Additional Required
23 mami, r 28 mami			FZ		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip Zip Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 331	1=-1 - 1		10 US		Florida Statutes		
	9. Name and Address of Curren	t Registered Agent	94 33 4		10. Name and Address of New Re-	gistered Agent	
181 NOTGES KEQ OR ON F							
KTG&S REGISTERED AGENT CORPORATION 82 Street Address					s (P.O. Box Number is Not Acceptable	705/	
1401 BRICKELL AVENUE -					JE 000 J	0/87	∞ r
SSITE 700							
MAMI FL-33131 - 84 City				1.0	0 (00) E 85 30 Gode 1		
11 Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the above paged correction se						FL 5	5/3/
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Stuch change was authorized by the porporation's board of directors. I hereby accept the appointment as registered accept the acceptance of the acceptance accep							
familiar with, and accept the obligations of, Section 617.0503, Finida Statutes							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NOTE F	Rogistered Agent signature re	egured wi	nen reinstatring)	Gur C	essy/:
12.	OFFICERS AND		13.	~ 1	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
TITLE	DPC &	DELETE	1.1 TITLE	뗏	P(C)	Change	Addition
NAME	KING-SHAW, RUBIN JR.		1.2 NAME	15,0	Lben King-Sha	AW J/	-
STREET ADDRESS	1 401 BRICKELL AVE. #7 00		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL 33131	DELETE	1.4 CITY-ST-ZIP	151	IAMI, FC 3	3/3/	
NAME	-DV-	Notecic	2 1 TITLE			☐ Change	☐ Addition
STREET AODRESS	CONORST, KEVIN		2.2 NAME				:
CITY-ST-ZIP	MAM FLOGIST		2 3 STREET ADDRESS 2 4 City-St-Zip	i			
TITLE	# 70	DELETE	3 1 TITLE			Change	Addition
NAME	BELLAMY, ANGELA ROBINSOI	N	3 2 NAME	A'	gela jobinson	Bellam	r
STREET ADDRESS	% 1401 BRICKELL AVE.		3 3 STREET ADDRESS	3	sela robinson	CAN DRI	VE !
CITY-ST-ZIP	MIAMI FU 33131		3 4. CITY-ST-ZIP		MIAMI, FL	33/3/	
TITLE	0 5 0	DELETE	4 1 TITLE		D 01 50 6	Change	Addition
NAME	ABRAHAM, THOMAS		4 2 NAME		nomas Abrah	am	ivé
STREET ADDRESS	- 1401 BRICKELL AVE. #700		4.3 STREET ADDRESS		3500 PAN AMER		,
CITY-ST-ZIP	- MIAMI FL-33131-	Deter	4.4 CITY-ST-ZIP		MiAMi, FC	3313	
TITLE		DELETE	5 1 TITLE			☐ Change	☐ Addition
NAME CIDECT ADDRESS			5 2 NAME				
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADDRESS				
TITLE		DELETE	5 4 CITY-ST-ZIP 61 TITLE			Company El Change	Addition
NAME			6 2 NAME		00000184 -06/03/960104	(311211 0110110110110110110110110110110110110	
STREET ADDRESS			6 3 STREET ADDRESS		***61.25	0.010	
CITY-ST-ZIP			6 4 CITY - ST - ZIP		****UI. CJ		ŀ
14. I do hereb	the information indicated on this annu	fal report or supplemental annual i	ed and does not qua	curate.	the exemption stated in Section 119.07 and that my signature shall have the sa aport as required by Chapter 617, Flori	ime legal effect as i	f made under 💹

SIGNATURE:

MEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/94 305-715-22.00 \$