

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90024 018 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N39898**

1. Corporation Name  
**CREW-MIAMI, INC.**

**Principal Place of Business**

8181 NW 14TH ST  
STE 300  
MIAMI FL 33126  
US

**Mailing Address**

ADLER FIRST COMMERCIAL  
1400 NW 107TH AVENUE  
MIAMI FL 33172  
US



**2. Principal Place of Business**

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

**2a. Mailing Address**

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

**3. Date Incorporated or Qualified**

09/07/1990

**4. FEI Number**

65-0220883

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

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

Linda  
ADLER, LWDA K  
%ADLER GROUP INC  
1400 NW 107TH AVENUE  
MIAMI FL 33172

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

**81 Name**

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

83

84 City

FL

85 Zip Code

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. 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 617.0503, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **DP** ☒ DELETE  
NAME **SOMON, JOANN**  
STREET ADDRESS **8181 NW 14TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☒ DELETE  
NAME **MITCHELL, LISA**  
STREET ADDRESS **1444 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☒ DELETE  
NAME **MAZZOLA, RUTH**  
STREET ADDRESS **2655 LEJEUNE RD PH1-B**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DS** ☒ DELETE  
NAME **MATSON, DIANA**  
STREET ADDRESS **1399 W 1ST AVENUE**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **D/S** ☐ DELETE  
NAME **JOY MCKENNA**  
STREET ADDRESS **104 CRADON BLVD STE 300**  
CITY-ST-ZIP **KEY BISCAYNE FL 33049**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE **DP** ☐ Change ☒ Addition  
1.2 NAME **Garcia, Madelayne**  
1.3 STREET ADDRESS **1200 Brickell Avenue, Ste. 1500**  
1.4 CITY-ST-ZIP **Miami, FL 33131**

2.1 TITLE **DV** ☐ Change ☒ Addition  
2.2 NAME **Enos, Jennifer**  
2.3 STREET ADDRESS **10145 N.W. 19th Street**  
2.4 CITY-ST-ZIP **Miami, FL 33175**

3.1 TITLE **DT** ☐ Change ☒ Addition  
3.2 NAME **Somoza, Maria**  
3.3 STREET ADDRESS **1200 Brickell Avenue, 4th Floor**  
3.4 CITY-ST-ZIP **Miami, FL 33131**

4.1 TITLE **DS** ☐ Change ☒ Addition  
4.2 NAME **Agon, Maria**  
4.3 STREET ADDRESS **777 Brickell Avenue, Ste. 1000**  
4.4 CITY-ST-ZIP **Miami, FL 33133**

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 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 617, 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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

(305) 603-0790

Daytime Phone #

CR2E037 (11/98)