1. Corporation Name

MIAMI AIKIKAI, INC.



DOCUMENT # N9600000120

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am § Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-24-1999 90087 033 ****61.25

Date along Dis	· * 1 3 t	Mai	lina Address			-	_	•				
· 1	ipal Place of Business Mailing Address 3 S.W. 22ND AVENUE 9200 S DADELAND BLVD If FL 33135 SUITE 700											
MIRMI FC 33	1100		MI FL 33156					i iubiiiu i u i		10 112	<u> </u>	
2. Principal	Principal Place of Business 2a. Mailing Address 26							3. Date Incorporated or Qualifed 01/05/1996				
Suite, Ap	it. #, etc.		Suite, Apt. #, etc			٠	4.	FEI Number- 65-064052		ν, υ σ λ		lied For Applicable
City & Sta	ate		City & State				5.	Certificate of S	Status Desired	ı 🗆	\$8.75 A	
Zip	Country		Zip	Cou	intry		6.	Election Camp	naion Financii	na	\$5.00	May Be
4				30	آد			Trust Fund Co	_	.a 🗆	Added to	
4	9. Name and Address of Current			30			10.	Name and A		w Registered	Agent	` :
<u> </u>	Wallio and Flanton V. Outroil				81	Name			٠.	5 91		
	n, elliot s dadeland blvd				82	Street Ad	ddress (P	P.O. Box Numb	er is Not Acce	eptable)		
	OO A A A A SAA				83							
	L 33156										85 Zip C	odo
MIMMI	L 33100				84	City				FL	85 Zip C	OGE
agent. I SIGNATURI	nt to the provisions of Sections 617.0502 r registered agent, or both, in the State of am familiar with, and accept the obligation E Signature, typed or printed name of registered agent a	ons of, s	Section \$17.0503, Flo	Registered	utes.	It signature req	quired when r	reinstating)		DATE		
12.	OFFICERS AND	DIREC	TORS	13.				ADDITIONS/C	HANGES TO	OFFICERS A		
TITLE	D		☐ DELETE	1,1 Π	πE					•	Change	Addition
NAME	RIFKIN, ELLIOT			1.2 N	AME			•				
STREET ADDRES	ss 251-B S.W. 22ND AVENUE		1	1.3 S	TREET	ADDRESS						•
CITY-ST-ZIP	MIAMI FL 33135			1.4 C	ITY-S	T-ZIP			<u> </u>			
TITLE	D		☐ DELETE	2.1 ∏	ΠE	·			,		Change •	Addition
NAME .	RAMOSN, GUSTAVO			2.2 N	AME							
STREET ADDRES	ss 251-B S.W. 22ND AVENUE			238	TREET	raddress -		المساحيين بالجهيد		در میکند میکند میکند د		÷
CITY-ST-ZIP	MIAMI FL 33135					iT-ZIP					Change	Addition
TITLE	0		☐ DELETE	3.1 TI							Change	Addition
NAME	JOSHUA, AYAL			3.2 N							. *	
STREET ADDRES						TADORESS						
CITY-ST-ZIP	MIAMI FL 33135		□ DELETE	_		T-ZIP					Change	Addition
TITLE			☐ DELETE	4.1 TI							,	
NAME	·				iame 						•	
STREET ADDRES	SS .					T ADDRESS						
CITY-ST-ZIP			DELETE	4.4 C	ITY-S'	1-41		·			☐ Change	☐ Addition
TITLE I			C DECEME	5.2 N								_
NAME				1		TADDRESS						
STREET ADDRES			•	- 1	ITY-S					1		
CITY-ST-ZIP			☐ DELETE	6.1 T		1-43F				•	Change	Addition
TITLE				6.2 N							, •	_
NAME						TADDRESS					*	
STREET ADDRES	SS				TY.S						_	

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 an other like empowered.

SIGNATURE:

30 670-936