

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90030 015 ****61.25

DOCUMENT # N97000000520(3)

1. Corporation Name

Principal Place of Business: Miami Management, Inc. Sunrise, Fl. 33323 USA
Mailing Address: 1189 Sawgrass Corporate Parkway Sunrise, Fl 33323

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		1/30/97	
22	City & State	27	City & State	4.	FBI Number	Applied For
	Zip	28	Zip		65-0743944	Not Applicable
23	Country	29	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Sandy Bauman 1535 NW 159th Avenue Pembroke Pines, Fl 33028				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: *Sandra Bauman* Sandra Bauman President 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	NAME	Sandy Bauman	1.1 TITLE		Change	Addition
STREET ADDRESS	1535 NW 159th Ave	CITY-ST-ZIP	Pembroke Pines, Fl 33028	1.2 NAME			
TITLE	TW	NAME	John Vanick	1.3 STREET ADDRESS			
STREET ADDRESS	1504 NW 159th Ave	CITY-ST-ZIP	Pembroke Pines, Fl 33028	1.4 CITY-ST-ZIP			
TITLE	SD	NAME	Bunny Ortega	2.1 TITLE		Change	Addition
STREET ADDRESS	1507 NW 159th Ave	CITY-ST-ZIP	Pembroke Pines, Fl 33028	2.2 NAME			
TITLE		NAME		2.3 STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		2.4 CITY-ST-ZIP		Change	Addition
TITLE		NAME		3.1 TITLE			
STREET ADDRESS		CITY-ST-ZIP		3.2 NAME			
TITLE		NAME		3.3 STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		3.4 CITY-ST-ZIP		Change	Addition
TITLE		NAME		4.1 TITLE			
STREET ADDRESS		CITY-ST-ZIP		4.2 NAME			
TITLE		NAME		4.3 STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		4.4 CITY-ST-ZIP		Change	Addition
TITLE		NAME		5.1 TITLE			
STREET ADDRESS		CITY-ST-ZIP		5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		5.4 CITY-ST-ZIP		Change	Addition
TITLE		NAME		6.1 TITLE			
STREET ADDRESS		CITY-ST-ZIP		6.2 NAME			
TITLE		NAME		6.3 STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP		6.4 CITY-ST-ZIP		Change	Addition

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: *Sandra Bauman* Sandra Bauman (Pres) 432-0426
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4.30.99 Daytime Phone #

CR2E037 (1/198)