

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012625
1. Corporation Name
TROUBLE MIAMI, INC.

Principal Place of Business: 927 LINCOLN RD SUITE 200 MIAMI BEACH, FL 33139
Mailing Address: 927 LINCOLN RD SUITE 200 MIAMI BEACH, FL 33139

2. Principal Place of Business: 21 927 LINCOLN RD Suite, Apt. #, etc. 22 200 City & State: 23 MIAMI BEACH, FL Zip: 24 33139 Country: 25 DADE
2a. Mailing Address: 26 927 LINCOLN RD Suite, Apt. #, etc. 27 200 City & State: 28 MIAMI BEACH, FL Zip: 29 33139 Country: 30 DADE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/11/94
4. FEI Number: 65-0458451 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
ERIC L. LEVIN
927 LINCOLN RD
SUITE 200
MIAMI BEACH, FL 33139

10. Name and Address of New Registered Agent
81 Name: ERIC L. LEVIN
82 Street Address (P.O. Box Number is Not Acceptable): 927 LINCOLN RD
83 SUITE 200
84 City: MIAMI BEACH FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 607.0505, Florida Statutes.
SIGNATURE: Eric L. Levin (Typed Name) ERIC L. LEVIN (Printed Name) 4/30/98 (Date)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ERIC L. LEVIN	
STREET ADDRESS	927 LINCOLN RD, SUITE 200	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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 included on this annual report or supplement is true and accurate and that my signature shall have the same legal effect as I made under oath, that I am an officer or director of the corporation or the person or partner empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a supplement with an address.
SIGNATURE: Eric L. Levin (Typed Name) ERIC L. LEVIN (Printed Name) 4/30/98 (Date) 305-674-7221 (Phone Number)

CR2E034 (10/97)