

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90104 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000027301

1. Corporation Name
MIRAMAR VILLAS, INC.



Principal Place of Business Mailing Address
~~8 K D C~~
~~201 S. BISCAYNE BLVD., SUITE 1600~~
~~MIAMI FL 33131~~
~~UG~~
~~8 K D C~~
~~201 S. BISCAYNE BLVD., SUITE 1600~~
~~MIAMI FL 33131~~
~~UG~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **545 Michigan Ave** 26 **545 Michigan Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 1** 27 **Suite 1**
City & State City & State
23 **Miami Beach, FL** 28 **Miami Beach, FL**
Zip Country Zip Country
24 **33139** 25 **USA** 29 **33139** 30 **USA**

3. Date Incorporated or Qualified
04/11/1994
4. FEI Number Applied For
65-0484121 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~COWAN, KEVIN D~~
~~201 S. BISCAYNE BLVD.~~
~~SUITE 1600~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
81 Name **LeRoy Goldstein**
82 Street Address (Post Box Number as Not Acceptable)
545 Michigan Ave
83 **Suite 1**
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, 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 607.0505, Florida Statutes.

SIGNATURE *LeRoy Goldstein* DATE **3/16/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE **D** ☒ DELETE
NAME **COWAN, KEVIN D**
STREET ADDRESS **201 S. BISCAYNE BLVD., SUITE 1600**
CITY-ST-ZIP **MIAMI FL 33131**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **President** ☒ Change ☐ Addition
12 NAME **LeRoy Goldstein**
13 STREET ADDRESS **545 Michigan Ave. #1**
14 CITY-ST-ZIP **Miami Beach, FL 33139** ☐ Change ☐ Addition
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 607, 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 *LeRoy Goldstein* DATE **3/16/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)