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Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000067569 (1)

1. Corporation Name  
MIAMI GOLF, INC.



Principal Place of Business  
11790 S.W. 89TH STREET  
MIAMI FL 33021

Mailing Address  
11790 S.W. 89TH STREET  
MIAMI FL 33186-2165

3. Date Incorporated or Qualified 09/14/1994	3a. Date of Last Report 02/08/1996
4. FEI Number 65-0521414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4000 HOLLYWOOD BLVD Suite, Apt. #, etc. 22 350N City & State 23 Hollywood, FL Zip 24 33021 Country 25 USA	2a. Mailing Address 26 4000 HOLLYWOOD BLVD Suite, Apt. #, etc. 27 350N City & State 28 Hollywood, FL Zip 29 33021 Country 30 USA
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9. Name and Address of Current Registered Agent GREENBERG JEFFREY M. 11790 S.W. 89TH STREET MIAMI FL 33186-2166	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GAMBERG, JAY 11790 S.W. 89TH ST. HOLLYWOOD FL 33021	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FLORIDA 33186-2166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GAMBERG, SARA 11790 S.W. 89TH ST. MIAMI FL 33186-2166	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREENBERG JEFFREY M. 11790 S.W. 89TH ST. MIAMI FL 33186-2166	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OM LANNERS JIM 11790 S.W. 89TH ST. MIAMI FL 33186-2166	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-30-97 981-4411 Daytime Phone #

CR2E034 (9/96)