

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90231 016 ***158.75

DOCUMENT # P94000077033

1. Corporation Name

MIAMI VENTURES MANAGEMENT COMPANY, INC.

Principal Place of Business

ONE WORLD TRADE PLAZA
80 S.W. 8TH ST., SUITE 2400
MIAMI FL 33130

Mailing Address

ONE WORLD TRADE PLAZA
80 S.W. 8TH ST., SUITE 2400
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1994

4. FEI Number

65-0533292

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XX

\$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

2. Principal Place of Business

21 17623 Homestead Ave.

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33157

Country

25 USA

2a. Mailing Address

26 17623 Homestead Ave.

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33157

Country

30 USA

9. Name and Address of Current Registered Agent

HALL, JOHN A
ONE WORLD TRADE PLAZA
80 SW EIGHTH STREET, SUITE 2400
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

17623 Homestead Ave.

83

84 City
Miami,

FL

85 Zip Code
33157

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D BEATTY, ROBERT
STREET ADDRESS
SOUTHERN BELL - 150 WEST FLAGLER STREET
CITY-ST-ZIP
MIAMI FL 33130

TITLE ☐ DELETE

NAME
T HALL, JOHN
STREET ADDRESS
80 S.W. 8TH ST., SUITE 2400
CITY-ST-ZIP
MIAMI FL 33130

TITLE ☒ DELETE

NAME
D TIMBERLAKE, ED
STREET ADDRESS
390 N ORANGE AVENUE, SUITE 900
CITY-ST-ZIP
ORLANDO FL 32802

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS Holland & Knight, 701 Brickell Ave.

1.4 CITY-ST-ZIP Suite 3000, Miami, FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 17623 Homestead Ave.

2.4 CITY-ST-ZIP Miami, FL 33157

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D BUTLER, DONALD, CPA

3.3 STREET ADDRESS Rachlin Cohen and Holtz

3.4 CITY-ST-ZIP One Southeast Third Ave., 10th FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: *John A. Hall* John A. Hall
President

4/26/99 (305) 969-0668

Date Daytime Phone #

CR2E034 (1/98)