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Apr 18 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 # P94000093233 (2)

1. Corporation Name

M.R. VENTURES, INC.

Principal Place of Business

Mailing Address

ONE BISCAYNE TOWER SUITE 0250
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33134

ONE BISCAYNE TOWER SUITE 0250
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33134-1000

3. Date Incorporated or Qualified

12/23/1984

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 1000 Lincoln Road #200

26 1000 Lincoln Road #200

4. FEI Number

65-0549779

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TANEN, JEFFREY S.
ONE BISCAYNE TOWER, SUITE 0250
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33101

81 Name

MITCHELL RUBINSON

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

1000 Lincoln Road, Suite 200

83

84 City

Miami Beach

FL

85 Zip Code

33139

11. Pursuant to the provisions of Section 607.0507 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 fee, if applicable

MITCHELL RUBINSON, DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

Date

4/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 its 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 or changes or additions attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL RUBINSON

Date

Daytime Phone #

0172714

CR2E034 (9/96)