

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 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 009 ***150.00

DOCUMENT # P95000004938

1. Corporation Name

PORTOFINO REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE SOUTH POINTE DR.
MIAMI BEACH FL 33139

Mailing Address

ONE SOUTH POINTE DR.
MIAMI BEACH FL 33139

2. Principal Place of Business

21 404 WASHINGTON AVE.

Suite, Apt. #, etc.

120

2a. Mailing Address

26 404 WASHINGTON AVE.

Suite, Apt. #, etc.

120

City & State

23 MIAMI BEACH, FL

Zip

33139

Country

25 DADE

City & State

28 MIAMI BEACH, FL

Zip

33139

Country

30 DADE

3. Date Incorporated or Qualified

01/19/1995

4. FEI Number

65-0564838

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

~~THREATT, ROBERT~~
~~ONE SOUTH POINTE DR.~~
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent

81 Name BRIAN A. HART
THOMSON, MURARO, RAZOOK & HART, P.A.

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

ONE SOUTHEAST THIRD AVENUE

83

17 FLOOR

84

City

MIAMI

FL

85

Zip Code

33131

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

Brian A. Hart

BRIAN A. HART

4/29/99

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 PD
NAME KRAMER, THOMAS
STREET ADDRESS ONE SOUTH POINTE DR
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE ~~VP~~
NAME ~~HANAU, H.~~
STREET ADDRESS ~~ONE SOUTH POINTE DR~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~ ☒ DELETE

TITLE VPS
NAME NEE, M
STREET ADDRESS ONE SOUTH POINTE DR
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE VP
NAME COLONNESE, C
STREET ADDRESS ONE SOUTH POINTE DR
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME 404 WASHINGTON AVENUE
1.3 STREET ADDRESS SUITE 120
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME 404 WASHINGTON AVENUE
3.3 STREET ADDRESS SUITE 120
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME 404 WASHINGTON AVENUE
4.3 STREET ADDRESS SUITE 120
4.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

5.1 TITLE
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:

William C. Colonne
WILLIAM C. COLONNESE

4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0204719

CR2E034 (1/198)