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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90023 011 ***150.00

DOCUMENT # P95000078833

1. Corporation Name

MIAMI INTERNATIONAL REAL ESTATE CORP.									
Principal Place	e of Business ,	Mailing Address				1 158/4901 (18 1919) 4(4)) 48/1/4	B	1941 19191 19194	11102 1111 1001
235 LINCOLN F	RD.	235 LINCOLN RD.							
SUITE 301 SUITE 301						DO NOT WRI	ITE IN THIS !	SPACE	
MIAMI FL 33139 MIAMI FL 33139					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
	· ·					10/10/1995		,	j
3 Daireinel Di	Land of Business	2a. Mailing Address		 -		4. FEI Number		Anr	plied For
_	lace of Business					65-0664558		_ 	t Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc				03 0004330		\$8.75 A	
22	<i>m</i> , 610.	27	•			5. Certifcate of Status Desired		Fee Re	I
City & State	9	City & State				6. Election Campaign Financing	<u> </u>	\$5.00	May Be
23		28				Trust Fund Contribution		Added to	
Zip.	Country	Zip	Co	untry		8. This corporation owes the cur	rent vear Inta	ngible	
24	25	29	30			Personal Property Tax.	,		□No
	9. Name and Address of Curren			Τ		∠10: Name and Address of New	Registered A	gent	
FIIS	HÁ. BENJAMIN			1 1	Name				
	LINCOLN: RD			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
#30				83					
	MI FL 33139		-	~ °3					
					City		FL	85 Zip C	Í
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida S	Statutes, the	above-i	named corpo	oration submits this statement for the	purpose of o	changing its	registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change vitions of, Section 607.050	was authorize 5, Florida Sta	ea by in itutes.	ie corporalio	on's board of directors. Thereby acce	ht tise appoin	milent as reg	gistored
									· · · · · · · · · · · · · · · · · · ·
SIGNATURE	· · · · · · · · · · · · · · · · · · ·						Ökte	<u> </u>	
	Signature, typed or printed name of registered age		(NOTE: Registere	d Agent s	ignature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	(NOTE: Registere	d Agent s	ignature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICERS AN		(NOTE: Registere	d Agent s	signature required				
12. TITLE NAME	OFFICERS AN D ELISHA, BENJAMIN	ID DIRECTORS	(NOTE: Registere 13. TE 1.1 T	od Agent s					
12. TITLE NAME STREET ADDRESS	OFFICERS AND DELISHA, BENJAMIN 235 LINCOLN RD. #301	ID DIRECTORS	(NOTE: Registere 13.) TE 1.1 T 1.2 N 1.3 S	INTLE	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D ELISHA, BENJAMIN	ID DIRECTORS	(NOTE: Registere 13. TE 1.17 1.2N 1.3 S 1.4 C	OFFICE OFFICE AND CONTY-ST-2	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE :	OFFICERS AND DELISHA, BENJAMIN 235 LINCOLN RD. #301	ID DIRECTORS	(NOTE: Registere 13. IE 1.1 T 1.2 N 1.3 S 1.4 C TE 2.1 T	OF Agent S OF THE STREET ALC O	DORESS			Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DELISHA, BENJAMIN 235 LINCOLN RD. #301	ID DIRECTORS	(NOTE: Registere 13. IE 1.11 1.2N 1.3S 1.4C IE 2.11	O Agent s TITLE NAME STREET AL CITY-ST-2 TITLE NAME	DDRESS ZIP			Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DELISHA, BENJAMIN 235 LINCOLN RD. #301	ID DIRECTORS	(NOTE: Registere 13. IE 1.11 1.2N 1.3S 1.4C IE 2.11 2.2N 2.3S	O Agent s TITLE NAME STREET AL CITY-ST-2 TITLE NAME STREET AL	DDRESS ZIP DDRESS			Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS