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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

Suite, Apt. #. etc.

Cily & State

Zip

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DOCUMENT # P96000020428 (4)

PORTFOLIO ON THE BEACH, INC.

Principal Place of Business	Mailing Address
2929 COLLINS AVE.	2929 COLLINS AVE.
MIAMI BEACH FL 33140	MIAMI BEACH FL 3314 0

Country

9. Name and Address of Current Registered Agent

25

FILED Apr 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

nt year Intangible

Yes

Not Applicable

3. Date Incorporated or Qualified

03/06/1996

65-0677951

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes or has paid the curry

10. Name and Address of New Registered/Agent

Personal Property Tax due June 30.

Trust Fund Contribution

Martinez, andy			81	Name	•					
8360 WEST FLAGLER ST.		}	82	Street /	Address (P.O. Box Number is Not Acceptable)					
SU	SUITE 205						.			
MIA	AMI FL 33144		1	63					İ	
			ŀ	84	City	FL	85	Zip C	ode	
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 came of registered agreed and too if applicable (NOTE Registored Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRE		13.	Agen	1 signaturo	ADDITIONS/CHANGES TO OFFICERS ANI	DIRE	TORS	S IN 12	
TITLE	D	DELETE	1.130	LE.		ADDITIONATION TO OFFICE NOTIFIC	Ch		Addition	
NAME	LOPEZ, MIGDALIA		1.2 NA		-			•		
STREET ADDRESS	2929 COLLINS AVE.				ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CH		ነ				Ì	
TITLE	D	DELETE	2.1 TIT				Ch	ange	Addition	
NAME	PENA, LILIAN M		2.2 NA	ME	1				1	
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CITY-ST-ZIP	MIAMI BEACH FL 33140		2 4 01	TY-SI	i-7IP					
TITLE		DELETE	3.1 TIT				☐ Ch	ange	Addition	
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CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP			_	[
TITLE		DELETE	5.1 TIT	LE			Ch	ange	Addition	
NAME			5.2 NA	ME					İ	
STREET ADDRESS			5.3 STF	REET A	ADDRESS				Į	
CITY-ST-ZIP			5.4 CIT	IY-\$1	-ZIP				. <u>. </u>	
TITLE		DELETE	6.1 TIT	LE			☐ Ch	ange	☐ Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STF	REET A	ADDRESS					
CITY-ST-ZIP			6.4 CIT							
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 eath; that I am an officer or director of the corporation or the receiver or truestee emplowered 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 allachment with an address.										

Country

81 Name

30