

DOCUMENT # P96000021433(3)

1. Entity Name

MIAM 99 INC

05-09-2000 90016 017 ***150.00

| Principal Place of Business | Mailing Address |
|---|-----------------|
| 15024 NE 6 TH AVE NO. MIAMI, FL 33161 | SAME |

| | |
|--|---|
| 2. Principal Place of Business 15024 NE 6TH AVE Suite, Apt. #, etc. N.M.B. City & State MIAMI, FL Zip 33161 Country USA | 3. Mailing Address 15024 NE 6TH AVE Suite, Apt. #, etc. City & State Zip Country |
|--|---|

| | | | | | |
|---|---|-------------|----------------|-------------------------------------|--------------------------|
| 4. FEI Number | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Applied For</td> <td style="width: 50%; padding: 5px;">Not Applicable</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table> | Applied For | Not Applicable | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Applied For | Not Applicable | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| 5. Certificate of Status Desired | <div style="display: flex; align-items: center;"> <input style="margin-right: 10px;" type="checkbox"/> <div> \$8.75 Additional Fee Required </div> </div> | | | | |

| | | |
|--|--|-------------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
| LIRA, ALTAF 15024 NE 6 TH AVE NO. MIAMI, FL 33161 | Name N.A. | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | N.A. | |
| | City N.A. | FL Zip Code |

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete PRES. LIRA, ALTA F 15024 NE 6TH AVE N. MIAMI, FL 33161 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition N/A |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition N/A |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. J. P. Va 4/6/2000 305-944-3314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)