PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028606

5TH STREET GARAGE, INC. Principal Place of Business Mailing Address 1119 5TH ST 1119 5TH ST MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0171877 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes the current year Intangible Zip Yes Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MARVAJAL, MANUÉL A 1119 5TH STREET MIAMI BEACH PL 33129 Miami Beach 33139 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the pr SIGNATURE (NOTE: Registered Agent signature require ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change TITLE CR2E034 CANO, SUSANA 1.2 NAME NAME 1.3 STREET ADDRESS '1119 5TH S**Í** STREET ADDRESS MIAMI BEACH FL 33139 1.4 CITY-ST-ZIP CITY-ST-ZEP Change Addition DELETE TITLE 2.1 TITLE carvadal, manuel 4 NAME MARVAJAL, MANUEL A 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 1119 5TH ST 2.4 CITY-ST-71P MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 317III F me 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CETY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance DELETÉ 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 62 NAME NAME

I hereby certify that the information supplied with this string does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information indicated on this annual report or supplemental and a source 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 security of hyster 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 open states much an address, with all other like empowered.

8.3 STREET ADDRESS

6.4 CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.91

305-673-1400

May 05, 1999 8:00 am Secretary of State

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