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PROFIT CORPORATION ANNUAL REPORT

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DIVISION OF CORPORATIONS

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MIAMI RIVER DEVELOPMENT CORP.

Maling Address Principal Place of Business 48 EAST FLAGLER STREET PENTHOUSE 104 48 EAST FLAGLER STREET PENTHOUSE 104 MIAMI FL 33131 MIAMI FL 33131-1012 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 65-0670258 21 26 Suite, Apt #, etc. Suite Apt #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Z_{Φ} Country B. This corporation has liability for int Angible tax under s. 199.032, □ No 29 30 Florida Statutes Yes 24 25 egistered Agent 10. Name and Address of New B 9. Name and Address of Current Registered Agent Name marbin, Evan R esq 48 EAST FLAGLER STREET PENTHOUSE 104 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33131 83 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signative Type of or period a amor of registered agent and the it as plicable nen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TITLE Change Addition THLE MORJAIN, MARCOS NAME 1.2 NAME CR2E034 48 EAST FLAGLER STREET PENTHOUSE 104 STREET ADDRESS 1,3 STREET ADDRESS **MIAMI FL 33131** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THE 2.1 TITLE DEIFIK, BRUCE 22 NAME **48 EAST FLAGLER STREET PENTHOUSE 104** 2 3 STREFT ADDRESS STREET ADDRESS MIAMI FL 33131 2. 4 CITY - ST - ZIP 0.05 - \$1 - 719 DELETE Change ____ Addition 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C-TY-ST-ZiP DELETE Change Addition 4.1 TITLE TIFLE 4 2 NAME naMi 4.3 STREET ADDRESS STREET ANDRESS 4.4 CITY - ST - ZIP City St-Zet DELETE Change Addition 5.1 TITLE THLE 5.2 NAME NAMi 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP $C(1) \cdot ST \cdot Z(f)$ Change Addition DELETE 6.1 TOTLE THE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST 72 14. I do have by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this annual report of 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 popular as required by Chapter 607, Florida Statutes; and that my name