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Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90206 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000055472**

1. Corporation Name
MAYER DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
4590 NO MICHIGAN AVE MIAMI BEACH FL 33140	4590 NO MICHIGAN AVE MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/27/1996

2. Principal Place of Business	2a. Mailing Address
21 235 Lincoln Rd.	26 235 LINCOLN RD.
Suite, Apt. #, etc. 22 PH 400	Suite, Apt. #, etc. 27 PH 400
City & State 23 MIAMI BEACH, FL	City & State 28 MIAMI BEACH, FL
Zip 24 33139 Country 25 U.S.	Zip 29 33139 Country 30 U.S.

4. FEI Number: 65-0742814 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAYER, EMANUEL 4590 NO MICHIGAN AVE MIAMI BEACH FL 33140	81 Name: EMANUEL MAYER 82 Street Address (P.O. Box Number is Not Acceptable): 235 LINCOLN RD. PH400 83 84 City: MIAMI BEACH FL 85 Zip Code: 33139

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 _____ EMANUEL MAYER, PRESIDENT 4/19/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MAYER, EMANUEL		1.2 NAME	MAYER, EMANUEL	
STREET ADDRESS	4590 NO MICHIGAN AVE		1.3 STREET ADDRESS	235 LINCOLN RD., PH400	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			2.2 NAME	MAYER, HASKEL	
STREET ADDRESS			2.3 STREET ADDRESS	235 LINCOLN RD., PH400	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.

SIGNATURE: SIGNATURE REQUIRED EMANUEL MAYER, PRESIDENT 4/19/99 (305) 538-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)