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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000056802**

2601 SOUTH BAYSHORE DRIVE

2601 SOUTH BAYSHORE DRIVE

2601 SOUTH BAYSHORE DRIVE

MIAM! FL 33133-5461

MIAMI FL 33133-5461

GOLDMAN, JOEL K

MIAMI FL 33133-5461

2601 S. BAYSHORE DRIVE

TROISI, CLAUDIA

VAS

WOODBURY, KIMBALL D

1. Corporation Name

MIRAMAR ROCK, INC.

		·									
Principal Place of Business Mailing Address										•	
2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133-5461 MIAMI FL 33133-5461 LEGAL DEPT SUITE 900 MIAMI FL 33133						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						_	07/01/1996			T 4	C-1 F
	lace of Business	2a. Mailing Address	ailing Address			1	FEI Number		-		lied For
21		26	——————————————————————————————————————			+	<u>65-0680129</u>		£ Q		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢ '''			5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State		City & State	City & State			6.	Election Campaign Fina	ncing		5. 00 A	
23		28					Trust Fund Contribution	,	A	dded to	Fees
Zip				Country			This corporation owes the	ne current year Inta			-
24	25 29 30						Personal Property Tax.		☐ Ye		□No
9. Name and Address of Current Registered Agent						10.	Name and Address of				
GOLDMAN, JOEL K				81 Name							
2601 SOUTH BAYSHORE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)							
				_							_
SUITE 900				3							
MIAMI FL 33133-5461			84	4	City		85 Zip Code				
j	•		-		•			<u> </u>			
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	orized by	v ti	-named corpo he corporation	ration n's boa	submits this statement and of directors. I hereby	for the purpose of y accept the appoir	changi ntment	ng its r as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: Re	egistered Ago	ent	signature required			DATE			
12.				13.			DDITIONS/CHANGES	TO OFFICERS AN	RS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		V				CH	nange	X Addition
NAME	JEFFREY, THOMAS W					dia, John					
STREET ADDRESS	STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE						. Bayshore Di	rive	•		
CITY-ST-ZIP	MIAMI FL 33133-5461		1.4 CITY-	ST-	zp Mia	mi.	FL 33133				
TITLE	VSD	DELETE	2.1 TITLE			s/c	/D		C	nange	X Addition
NAME	LANGLEY, MARCIA H		2.2 NAME	:	1 '		Paula				
STREET ADDRESS	STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE		2.3 STRE				l S. Bayshore Drive				
CITY-ST-ZIP	MIAMI FL 33133-5461	<u> </u>	2. 4 CITY-	- <u>\$</u> T	I .		FL 33133	· -	•		
TITLE	VT	☐ DELETE	3.1 TITLE				- 		CH	nange	☐ Addition
NAME	FISCHER, JOHN H		3.2 NAME	:							

6.4 CITY-ST-ZIP **MIAMI FL 33133** 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, oppn an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY+ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TURE REQUIRED NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

DELETE

Goldman, Joel K.

Miami FL 33133

2601 S. Bayshore Drive

305-859-4000

☐ Change

A Change

☐ Change

☐ Addition

Addition

☐ Addition