

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90106 019 ***150.00

DOCUMENT # P96000088819

1. Corporation Name

TRIANGLE OF KEY BISCAYNE, INC.



Principal Place of Business

C/O PAULO C. MIRANDA ESQ.
1221 BRICKELL AVE.
MIAMI FL 33131

Mailing Address

C/O PAULO C. MIRANDA ESQ.
1221 BRICKELL AVE.
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1996

4. FEI Number

65-0830459

Applied For

Not Applicable

2. Principal Place of Business

21 1401 BRICKELL AVENUE

Suite, Apt. #, etc.

22 SUITE 1050

City & State

23 MIAMI, FL

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 1401 BRICKELL AVENUE

Suite, Apt. #, etc.

27 SUITE 1050

City & State

28 MIAMI, FL

Zip

29 33131

Country

30 U.S.A.

5. Certificate 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

MIRANDA, PAULO C ESQ.
1221 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

FRANCISCO MALZONI

82 Street Address (P.O. Box Number is Not Acceptable)

1401 BRICKELL AVENUE

83

SUITE 1050

84 City

MIAMI

FL

85 Zip Code

33131

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 FRANCISCO MALZONI, DIRECTOR

1/21/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MALZONI, FRANCISCO
STREET ADDRESS 1401 BRICKELL AVE. STE 1050
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

FRANCISCO MALZONI, DIRECTOR 1/21/99 (305)374-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0189503

CR2E034 (11/98)