

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24 1998 8:00am
Secretary of State

DOCUMENT # **P96000090278 (8)**

1. Corporation Name

READ CAPITAL MANAGEMENT, INC.

Principal Place of Business

**THE COURVOISIER CENTRE, SUITE 407
501 BRICKELL KEY DR.
MIAMI FL 33131**

Mailing Address

**THE COURVOISIER CENTRE, SUITE 407
501 BRICKELL KEY DR.
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1996

2. Principal Place of Business

21 **1001 BRICKELL Bay Dr.**

2a. Mailing Address

26 **1001 BRICKELL Bay Dr.**

Suite, Apt. #, etc.

22 **30th Floor**

Suite, Apt. #, etc.

27 **30th Floor**

City & State

23 **MIAMI, FLA**

City & State

28 **MIAMI, FLA**

Zip

24 **33131**

Country

25 **US**

Zip

29 **33131**

Country

30 **US**

4. FEI Number

65-0715844

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**READ, JAMES M
501 BRICKELL KEY DRIVE
SUITE 407
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

READ, JAMES M.

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

1001 BRICKELL Bay Dr.

30th Floor

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

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 **DPST** ☐ DELETE
NAME **READ, JAMES**
STREET ADDRESS **501 BRICKELL KEY DR., SUITE 407**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DPST** ☒ Change ☐ Addition
1.2 NAME **READ, JAMES**
1.3 STREET ADDRESS **1001 BRICKELL Bay Dr., 30th Floor**
1.4 CITY-ST-ZIP **MIAMI, FLA 33131**

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)(l), 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.

SIGNATURE:

SIGNATURE REQUIRED

9/17/98 3053740107

CR2E034 (5/98)