

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90066 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000093031

1. Corporation Name  
SANDPOINT FINANCIAL CORP.

Principal Place of Business  
ONE SOUTH POINTE DRIVE  
MIAMI BEACH FL 33139

Mailing Address  
ONE SOUTH POINTE DRIVE  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/13/1996

4. FEI Number  
52-1808456

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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 404 WASHINGTON AVE.

Suite, Apt. #, etc.

22 120

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 DADE

2a. Mailing Address

26 404 WASHINGTON AVE.

Suite, Apt. #, etc.

27 120

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 DADE

9. Name and Address of Current Registered Agent

THREATT, ROBERT R.  
ONE SOUTH POINTE DRIVE  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name BRIAN A. HART  
THOMSON, MURARO RAZOOK & HART, P.A.

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

ONE SOUTHEAST THIRD AVENUE

83 17TH 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

B. A. Hart

BRIAN A. HART

4/29/99

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  
NAME PD  
STREET ADDRESS KRAMER, THOMAS  
CITY-ST-ZIP ONE SOUTH POINTE DRIVE  
MIAMI BEACH FL 33139

☐ DELETE

TITLE  
NAME HANAU, HEINRICH  
STREET ADDRESS 1 SOUTH POINTE DR  
CITY-ST-ZIP MIAMI BCH FL 33139

☒ DELETE

TITLE  
NAME VS  
STREET ADDRESS NEE, MARGARET  
CITY-ST-ZIP 1 SOUTH POINTE DR  
MIAMI BCH FL 33139

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 404 WASHINGTON AVENUE  
1.4 CITY-ST-ZIP SUITE 120  
MIAMI BEACH, FL 33139

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 404 WASHINGTON AVENUE  
3.4 CITY-ST-ZIP SUITE 120  
MIAMI BEACH, FL 33139

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

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS CATHY COLONNESE  
5.4 CITY-ST-ZIP 404 WASHINGTON AVE., SUITE 120  
MIAMI BEACH, FL 33139

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: CATHY COLONNESE

4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)