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May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000049938
1. Corporation Name

MIAMI WEB MACHINE, INC.

Principal Place of Business

Mailing Address

640 N.E. 173RD TERRACE 640 N.E. 173RD TERRACE
NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTOPHER MEAD
1619 JEFFERSON AVENUE
#1
MIAMI BEACH, FL 33139

81 Name

JACK BRASWELL

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

640 NE 173RD TERRACE

83

84 City

NORTH MIAMI BEACH

FL

85 Zip Code
33162

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

Jack Braswell

JACK BRASWELL

4-30-1998

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 C/T ☐ DELETE

NAME JACK BRASWELL
STREET ADDRESS 640 NE 173RD TERRACE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE S ☒ DELETE

NAME CHRISTOPHER MEAD
STREET ADDRESS 1619 JEFFERSON AVENUE #1
CITY-ST-ZIP MIAMI BEACH, FL 33139

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

1.1 TITLE ☐ Change ☒ Addition

12 NAME ANNIE MALKA
13 STREET ADDRESS 640 NE 173RD TERRACE
14 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***150.00

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.

SIGNATURE *Jack Braswell* JACK BRASWELL 4-30-1998 (205) 770-0054