

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

FILED
Feb 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 # P97000066225 (8)

1. Corporation Name
AEB MIAMI, INC.

Principal Place of Business

241 SEVILLA AVE
SUITE 802
CORAL GABLES FL 33134

Mailing Address

241 SEVILLA AVE
SUITE 802
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

65-0771011

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

2. Principal Place of Business

21 2665 S. Bayshore Dr.

Suite, Apt. #, etc.

22 Suite 902

City & State

23 Miami, Fl.

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 712 Solar Drive

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale, FL

Zip

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

~~X MICHAEL ORTIZ, ESQ.~~
~~X 2665 S. BAYSHORE DR.~~
~~X CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

Michael Ortiz, Esq.

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

2665 S. Bayshore Dr.

83

Suite 902

84 City

Miami

FL

85 Zip Code

33133

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature of registered agent and his/her representative

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME AEBERHARDT, FRED
STREET ADDRESS 241 SEVILLA AVE, STE 802
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

S
NAME TUBBS, MARTY
STREET ADDRESS 241 SEVILLA AVE, STE 802
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

D
NAME AEBERHARDT, MATTHIAS
STREET ADDRESS 241 SEVILLA AVE, STE 802
CITY-ST-ZIP CORAL GABLES FL 33134

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 ☐ 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.

SIGNATURE:

Matthias Aeberhart

954 525 7996

CR2E034 (10/97)