PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000066225**

AEB MIAMI, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90193 044 ***150.00



Principal Place of Business		Mailing Address) (40)(44) (10 (0)() 1004) 005() molt. Dott office office office state state (10) (10)					
% MICHAEL OF	% MICHAEL ORTIZ										
2606 - 6 - 484 Y SHORE + DRIVE SUITE_ 902 121444= 64 - 23439		2665- S- BAX'SHORE \$R\$VE \$UFE \$02* =\\\A\ =F =39143= US		1	DO NOT WRITE IN THIS SPACE						
US					3. Date Incorporated or Qualifed						
					07/31/	1997					
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Α	pplied For	
		26 328 Minorca Avenue			$- \downarrow$	65-07	71011_				lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcat	e of Statu	s Desired			Additional
22 2nd Floor		27 2nd Floor									Required
City & State		City & State				6. Election	Campaigr and Contrib			-	May Be I to Fees
Zip Coral Gables, Fl Country		28 Coral Gables, FL Country						rent year Int		i to rees	
24 33134	· ·	29 33134 30	USZ	Δ.	1		Property		ent year inc	∐ Yes	□No
24 3313	9. Name and Address of Current				1				Registered	Agent	
			81	Name							
ORTIZ, MICHAEL E SQ.				Street	1cha	er or	CLLZ,	Esq. Not Accept	able)		
2665-S-BAYSHORE OR			82	_		ora_P			aule)		ĺ
\$TE-002			83				1 1 1 1 1 1 1 2				
Mamilf 33438			104		_Flo	or				les Zin	Code
			84		ral	Gable	es		FL	85 Zip	134
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	he above	hamed.	corporat	on submits	this state	ment for the	purpose of	changing it	s registered
office or re agent. I a	egistered agent, or both, in the State of medical familiar with, and accept the obligation	r Florida, Such change was author ons of, Sectio n 60 7,0595, Florida :	rized by Statutes.	ine corpi	oration s	board or dr	rectors. i r	ereby acce	prine appon	_	egistered
SIGNATURE	() Inland	2 ()							1/30/	56	
	Signature, typed or printed same of registered agent		<u>`</u> _	t signature r	equired whe		NO/CLIANI		FICERS AN		OPC IN 12
12.	OFFICERS AND		13.		Γ	ADDITIO	NS/CHANG	3ES 10 OF	FICERS AN	Change	
TITLE	P ACDEDUADOT FOED	_	1.2 NAME		ĺ						
NAME	AEBERHARDT, FRED			ADDRESS	2226	c r	0+b	Stre	^+		
STREET ADDRESS	241 SEVILLA AVE, STE 802		1.4 CITY-S1		1 -			, FL			1
CITY-ST-ZIP	CORAL GABLES FL 33134 S		2.1 TITLE	- ZIF	- Ծա ր	ano r	Cacu	pi.dd	<u> </u>	☐ Change	☐ Addition
NAME	TUBBS, MARTY	_	2.2 NAME		!						
STREET ADDRESS	241 SEVILLA AVE, STE 802	¥.	2.3 STREET	ADDRESS	2336	C F	9th	Stre	et		\$
CITY-ST-ZIP	CORAL GABLES FL 33134		2, 4 CITY-S					,_FL			_ (
TITLE	D		3.1 TITLE		- - up			,		☐ Change	Addition
NAME	AEBERHARDT, MATTHIAS	i	3.2 NAME								
STREET ADDRESS	241 SEVILLA AVE, STE 802	Į:	3.3 STREET	ADDRESS	2336	S.E.	9th	Stre	et		
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-5)			, FL		<u>.</u>	
TITLE		☐ DELETE	4.1 TITLE					,		Change	Addition
NAME		Į.	4, 2 NAME								
STREET ADDRESS		Į.	4.3 STREET	ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST	r-zip	<u></u>						A data
TITLE			5.1 TITLE	ĺ	ĺ					Change	☐ Addition
NAME			5.2 NAME	ADDOCOC							
STREET ADDRESS			5.3 STREET								•
CITY-ST-ZIP			5.4 C/TY-S1 6.1 TITLE	-2112	<u> </u>					Change	Addition
TITLE			6.2 NAME	'						□] onange	
NAME			6.2 NAME 6.3 STREET	ADDDESS							
STREET ADDRESS		1	0 3 SIREE!	ADDRESS	ĺ						1

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 a attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 954 783 3464 Date Dayume Phone #

CR2E034 (11/9