

04-23-1999 90147028...150.00
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PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 SEP 23 AM 11:19

DOCUMENT # P97000073155

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name
 MIAMI PARTNERS, INC.

Principal Place of Business Mailing Address
 1320 S. DIXIE HWY., STE 700 1320 S. DIXIE HWY., STE 700
 CORAL GABLES FL CORAL GABLES FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 08/19/1997
 4. FEI Number Applied For
 65-0781052 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 2a. Mailing Address
 21 12120 NE 6th AVE 28
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 #4 27
 City & State City & State
 23 No. Miami FL 28
 Zip Country Zip Country
 24 33161 25 USA 29 30

9. Name and Address of Current Registered Agent
 GORDON, LEWIS G
 1320 S. DIXIE HWY., STE 700
 CORAL GABLES FL

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City No. Miami FL 85 Zip Code
 33161

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 *Clifford Castanares* CLIFFORD CASTANARES 4/21/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTANARES, CLIFFORD	1.2 NAME	
STREET ADDRESS	12120 NE 6 AVE. #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, NEAL	2.2 NAME	
STREET ADDRESS	801 NW 99 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELCH, ELAINE	3.2 NAME	
STREET ADDRESS	7702 NW 88 WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL KRESS	4.2 NAME	PAUL KRESS VP
STREET ADDRESS	4370 NAUTZLUS DR.	4.3 STREET ADDRESS	4370 NAUTZLUS DR
CITY-ST-ZIP	MIAMI BCH, FL 33140	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	TS
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 recorder or judge 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 *Clifford Castanares* CLIFFORD CASTANARES 4/21/99 305 895-1845
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)