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Apr 16, 1999 8:00 am
Secretary of State

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U10/989

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000080396

1. Corporation Name
MIRAMAR MARINA CORP.



Principal Place of Business ONE BAYFRONT PLAZA SUITE 1100 100 S BISCAYNE BLVD MIAMI FL 33131	Mailing Address ONE BAYFRONT PLAZA SUITE 1100 100 S BISCAYNE BLVD MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1997	4. FEI Number 65-0783152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent
HOLLO, TIBOR
ONE BAYFRONT PLAZA SUITE 1100
100 S BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HOLLO, TIBOR
STREET ADDRESS	1 BAYFRONT PLAZA STE 1100, 100 S. BISCAYNE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tibor Hollo
1.3 STREET ADDRESS	100 S. Biscayne Blvd., Ste. 1100
1.4 CITY-ST-ZIP	Miami, Fl. 33131
2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tibor Hollo
2.3 STREET ADDRESS	100 S. Biscayne Blvd., Ste. 1100
2.4 CITY-ST-ZIP	Miami, Fl. 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tibor Hollo **SIGNATURE REQUIRED** 3/19/99 305/358-7710
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)