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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000099732**1. Corporation Name

ROBERIC OF MIAMI, INC.

Principal Place	e of Business	Mailing Address	30 Co1	monarce W	ay		
652 SW 12TH	AVENUE	652-SW-12TH AVENUE	Tewks	sbury, ma 876			
DEERFIELD BCH FL 33442 US		DEERFIELD-BGH FL 3344	e Ois	876 ⁰¹	DO NOT WRITE IN	THIS SPACE	
		US			3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					11/24/1997		}
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
¬ `	lace of Dusiness	26 30 Comm	occo	Wan	65-0797610	. :	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u> </u>				5 Additional
22	<i>n</i> , 0.0.	27		Ū	5. Certifcate of Status Desired	Fee	Required
City & State		City & State			6. Election Campaign Financing.	\$5.0	0 May Be
23		28 TUWKSHU	YU. I	MA	Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	O Cou	ntry	8. This corporation owes the current ye	ear Intangible	
24	25	29 01876	30	us	Personal Property Tax.	Yes	∑ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
	A 5107 A			81 Name			
	OTT, ELIOT C			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	4	
	SOUTH BISCAYNE BOULEVARD						
	E 1700			83			
MIAI	VII FL 33131			84 City		85 Z	ip Code
						FL	·
office or r	to the provisions or Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was	authorized	o by the corpora	rporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as	registered
SIGNATURE		AND The state of t	TE: Projetered	Anant expeture regu	uired when reinstating)	ATE	
12.	Signature, typed or printed name of registered agent OFFICERS AN		13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TITLE	D	DELETE	1,1 10	TLE		Chan	ge Addition
NAME	ZIMMERMAN, PAUL		1.2 N	AME			
STREET ADDRESS	AND COURT DISCONVER BOUNESVARD STE 1700			REET ADDRESS	3000 Island Blvd., #1°	803	
	MIAMI FL-33131-		l l	TY-\$T-ZIP	Aventura, FL 33160) ·	
CITY-ST-ZIP TITLE	1112 1111 1 1 2 00 10 1	☐ DELETE	2.1 TI		THE PERIOD OF TH	☐ Chan	ge Addition
NAME			2.2 N/	AME			
STREET ADDRESS			1	TREET ADDRESS			
	ĺ		- 6	TY-ST-ZIP	,		
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TT		-	Chan	ge Addition
NAME			3.2 N/	1			_
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CITY-ST-ZIP				ITY-ST-ZIP			
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NAME			4. 2 N	IAME		٠	
STREET ADDRESS			•	TREET ADDRESS			
CITY-ST-ZIP				TY-\$T-ZIP	,		
TITLE		☐ DELETE	51 TI			. Chan	ge Addition
NAME		-	5.2 N	1	<i>:</i>		
STREET ADDRESS			5.3 S1	TREET ADDRESS			
CITY-ST-ZIP			5.4 CI	ITY-\$T-ZIP			
TITLE		DELETE	6.1 TI	TLE	•	Chan	ge 🔲 Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 ST	TREET ADDRESS			
J.1.2. P.D.1.200			64.0	ITV-ST-7ID			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 an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90095 042 ***150.00