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

PROFIT CORPORATION ANNUAL REPORT



P97000103528

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 1. Corporation Name

City & State

RATNER, BRUCE M

MIAMI FL 33176

8762 S.W. 145TH STREET

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Principal Place of Business	Mailing Address
8762 S.W. 145TH STREET Miami Fl 33176	8762 S.W. 145TH STREET MIAMI FL 33176
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

28 Country Country Zip 30 25 29

9. Name and Address of Current Registered Agent

City & State

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90041 018 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

12/09/1997 4. FEI Number

<u>65-0797332</u>

		84	City	FL 85	Zip Co	ode		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOR	S IN 12		
TITLE	PD DELETE	1.1 TITLE			ange	Addition		
NAME	RATNER, BRUCE M	1.2 NAME						
STREET ADDRESS	8762 S.W. 145TH STREET	1.3 STREET	ADDRESS					
}	MIAMI FL 33176	1.4 CITY-ST				}		
CITY-ST-ZIP TITLE	DELETE	2.1 TITLE	-2.17		nange	☐ Addition		
NAME		2.2 NAME				1		
STREET ADDRESS		2.3 STREET	ADDRESS					
CITY-ST-ZIP ~		2.4 CITY-S	T- <i>7</i> IP]		
TITLE	□ DELETE	3.1 TITLE	,	□ Ct	ange	Addition		
NAME	- The Park - Par	3.2 NAME		1. A f		1		
STREET ADDRESS		3.3 STREET	ADDRESS			ĺ		
CITY-ST-ZIP		3.4, CITY-S	T-ZIP					
TITLE	DELETE	4.1 TITLE			nange	Addition A		
NAME		4.2 NAME						
STREET ADDRESS		4.3 STREET	ADDRESS	•				
CITY-ST-ZIP		4.4 CITY-S	r-ZIP					
TITLE .	☐ DELETE	5.1 TITLE		C	nange	Addition		
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET	ADDRESS			ł		
CITY-ST-ZIP		5.4 CITY-S	r-ZIP					
TITLE	☐ DELETE	6.1 TITLE		. □ Cr	nange	☐ Addition		
NAME		6.2 NAME]		
STREET ADDRESS	•	6.3 STREET	ADDRESS			}		
CITY-ST-ZIP		6.4 CITY-ST						
14. I hereby o	certify that the information supplied with this filing does not qualify for the	e exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that	t the in	rormation		

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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.